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EAST SUFFOLK COUNTY COUNCIL.




ANNUAL REPORT

OF THE

County Medical Officer of Health.

1938

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.



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PUBLIC HEALTH DEPARTMENT,

COUNTY HALL,

IPSWICH.

To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present my Report for the year 1938.

I regret that it is published six months later than usual. This is owing to the large volume of Air Raid Precautions work which fell to the Public Health Department, which accelerated so formidably during the summer and autumn that the report was perforce put on one side until these urgent matters of greater importance were dealt with. The report was begun in the spring and was not completed until December.

I have the honour to be,

Your obedient Servant,

B. WOOD-WHITE,

County Medical Officer.

December, 1939.

I.

GENERAL STATISTICS.

Area : 548,607 acres.—1st April, 1934.

Population 1938 : 205,700 (As estimated by the Registrar-General).

Population, Census 1931 : 207,475.

Number of inhabited houses, Census 1931 : 52,513.

Number of families or separate occupiers, Census 1931 : 53,933.

Rateable Value : £987,430 (year commencing 1st April, 1938).

Sum represented by a penny rate : £3,975 (estimated). Year commencing 1st April, 1938.

Natural and Social Conditions of the Area.

Geology, Industry, Commerce. These subjects were considered in the Survey Report for 1930; there has been no alteration requiring comment, and those desiring information are referred to that Report.

1938

Extracts from Vital Statistics for the Year.

<i>Live Births</i> :	<i>M.</i>	<i>F.</i>	<i>Total.</i>	} Birth rate per 1,000 of estimated population :— 13.9.
Legitimate	1,363	1,363	2,726	
Illegitimate	80	62	142	
<i>Stillbirths</i> :				} Rate per 1,000 total (live and still) births :— 38.5.
Legitimate	64	47	111	
Illegitimate	2	2	4	
<i>Deaths</i> :				} Crude death rate per 1,000 of estimated population :—12.3. Corrected death rate :—10.3.
	1,304	1,223	2,527	

<i>Deaths from Puerperal Causes</i> :	No. of Deaths.	Rate per 1,000 total births.
Puerperal Sepsis	2	.67
Other Puerperal Causes	5	1.67
Total	7	2.34

Death Rate of Infants under one year of age :

All Infants per 1,000 live births	48.1
Legitimate Infants per 1,000 legitimate live births	47.6
Illegitimate Infants per 1,000 illegitimate live births	55.3
Deaths from Measles (all ages)	—
„ Whooping Cough (all ages)	7
„ Diarrhoea (under 2 years of age)	7
„ Cancer (all ages)	400
Cancer Death Rate per 1,000	1.94
Tuberculosis Death Rate per 1,000 ....	.38

Population.

Below are the figures of population for the Administrative County estimated by the Registrar-General since the Census of 1931 :—

Year.	Population.
1931	207,475 Census return.
1932	208,740 as estimated by the Registrar-General.
1933	209,320 do.
1934	209,090 do.
1935	208,500 do.
1936	207,100 do.
1937	205,680 do.
1938	205,700 do.

The table below shows the population in the 19 districts in the County according to the Census of 1931 (adjusted for the alteration of districts), and the estimated population for 1935, 1936, 1937 and 1938 :—

District	CENSUS.				
	1931 (adjusted).	1935	1936	1937	1938
Aldeburgh	2,545	2,473	2,498	2,443	2,401
Beccles	6,545	6,594	6,524	6,426	6,408
Bungay	3,100	3,125	3,100	3,071	3,072
Eye	1,733	1,693	1,687	1,656	1,637
Felixstowe	12,067	12,455	12,460	12,560	12,830
Halesworth	2,160	2,202	2,178	2,159	2,139
Leiston	4,192	4,053	4,054	3,986	3,976
Lowestoft	44,049	44,830	44,830	44,440	44,370
Saxmundham	1,260	1,377	1,370	1,361	1,342
Southwold	2,753	2,816	2,738	2,696	2,658
Stowmarket	6,428	6,319	6,346	6,431	6,508
Woodbridge	4,734	4,863	4,815	4,851	4,959
Total	91,566	92,800	92,600	92,030	92,300

	1931	1935	1936	1937	1938
Blyth	19,597	18,940	18,780	18,510	18,270
Deben	24,240	24,260	23,900	24,070	24,170
Gipping	19,532	18,690	18,310	18,140	18,140
Hartismere	18,352	17,920	17,740	17,400	17,350
Lothingland	13,731	14,670	14,550	14,420	14,430
Samford	13,885	14,790	14,770	14,670	14,750
Wainford	6,505	6,430	6,450	6,390	6,290
Total	115,842	115,700	114,500	113,600	113,400

National Health Insurance Persons on Register :—

1st January, 1935	—76,915.
„ „ 1936	—77,567.
„ „ 1937	—79,397.
„ „ 1938	—80,537.
„ „ 1939	—85,023.

The turn of the tide has at last set in and for the first time since 1933 the Registrar-General has allowed the fall in the population of the County to stop. The gain permitted is only slight—an addition of 20 to the population of 1937—but it is significant and I think it probable that the estimated population will continue to rise until the next Census year, which will be 1941; the figures given between Census years can be little more than a conjecture, and until the next Census has been taken the real position cannot be known.

The towns of Bungay, Felixstowe, Stowmarket and Woodbridge, are said to have gained in population; all the rest have lost. Felixstowe is given the most material increase of 270 persons. Lowestoft loses the most, 70 persons. The total gain for the towns is 220.

The rural districts have lost in all 200 persons. This year, Deben, Lothingland and Samford have gained, while the four other districts have lost. Blyth, with a drop of 240, is the greatest sufferer.

TABLE I.
BIRTHS.
(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	3936	20.1	19.6	19.8	21.0
1917	3450	18.7	16.8	17.5	17.8
1918	3761	20.2	18.0	19.0	17.7
1919	3791	19.3	18.6	18.9	18.5
1920	5161	26.2	25.3	25.7	25.5
1921	4517	22.1	21.4	21.7	22.4
1922	4205	20.4	19.8	20.1	20.4
1923	4033	19.4	18.9	19.1	19.7
1924	3803	17.6	18.0	17.8	18.8
1925	3546	16.6	16.8	16.7	18.3
1926	3430	15.8	16.5	16.2	17.8
1927	3352	15.4	16.1	15.8	16.7
1928	3294	14.8	16.1	15.5	16.7
1929	3303	14.6	16.3	15.6	16.3
1930	3441	15.4	16.8	16.2	16.3
1931	3163	15.0	15.6	15.3	15.8
1932	3070	14.0	15.2	14.7	15.3
1933	2851	13.2	13.9	13.6	14.4
1934	2998	13.5	15.1	14.3	14.8
1935	2912	13.4	14.4	13.9	14.7
1936	2870	13.4	14.2	13.9	14.8
1937	2964	14.4	14.5	14.4	14.9
1938	2868	14.0	13.8	13.9	15.1

The number of births has fallen, and only once before has a smaller figure been recorded, namely, in 1933. The rate is the same as it was in 1935 and 1936, which suggests that the higher rate last year was accidental, and that a rate round about 14 per 1,000 population is a normal one for the County to-day.

It should be noted that the rate for England and Wales is higher than it has been since 1932; indeed, the rate for the country has risen gradually since 1935.

TABLE II.
ILLEGITIMATE BIRTHS.
(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	294	1.4	1.5	1.5	—
1917	305	1.3	1.7	1.6	—
1918	342	1.7	1.7	1.7	—
1919	309	1.5	1.6	1.5	—
1920	326	1.3	1.8	1.6	—
1921	252	1.2	1.2	1.2	1.02
1922	247	0.9	1.4	1.2	0.89
1923	224	0.8	1.2	1.0	0.82
1924	218	0.8	1.1	1.0	0.78
1925	156	0.5	0.9	0.7	0.74
1926	209	0.7	1.2	1.0	0.76
1927	194	0.8	0.9	0.9	0.74
1928	161	0.6	0.9	0.7	0.75
1929	162	0.6	0.8	0.7	0.74
1930	217	0.9	1.1	1.0	0.75
1931	165	0.6	1.0	0.8	0.70
1932	156	0.6	0.8	0.7	0.67
1933	168	0.8	0.8	0.8	0.63
1934	133	0.6	0.7	0.6	0.64
1935	136	0.5	0.7	0.6	—
1936	124	0.5	0.6	0.6	—
1937	135	0.6	0.7	0.66	—
1938	142	0.6	0.7	0.69	—

There is little to add to the remarks made in the reports from year to year; the rate has risen slightly, but owing to the small numbers concerned, variations are to be expected in the table.

TABLE III.
DEATHS.

Year.	Total.	Death Rate per 1,000 Population.				Administra- tive County Corrected Death Rate.
		Urban.	Rural.	Administra- tive County.	England and Wales.	
1916	2604	14.1	14.4	14.2	*14.3	
1917	2594	13.8	15.4	14.7	*14.2	
1918	2748	15.6	15.4	15.5	*17.3	
1919	2598	12.4	14.2	13.4	*14.0	
1920	2247	9.7	11.7	10.8	*12.4	
1921	2272	10.4	11.5	11.0	12.1	
1922	2616	12.2	12.9	12.6	12.8	
1923	2153	9.8	10.8	10.3	11.6	
1924	2430	11.0	11.9	11.6	12.2	
1925	2422	10.9	12.0	11.6	12.2	
1926	2478	11.1	12.5	11.9	11.6	
1927	2485	11.0	12.5	11.9	12.3	
1928	2264	10.6	10.9	10.8	11.7	
1929	2701	12.1	13.4	12.9	13.4	
1930	2325	11.0	11.1	11.07	11.4	
1931	2578	11.1	13.1	12.6	12.3	
1932	2513	11.9	12.1	12.0	12.0	
1933	2480	11.9	11.8	11.9	12.3	
1934	2591	11.7	13.0	12.4	11.8	10.3
1935	2581	12.0	12.6	12.3	11.7	10.3
1936	2566	11.7	12.9	12.4	12.1	10.3
1937	2677	12.4	13.5	13.0	12.4	10.3
1938	2527	12.2	12.3	12.3	11.6	10.3

*Civilians only.

The death rate shows little change during the last 8 years; the last column gives the real position; a factor is given by the Registrar-General to correct the crude death rate, which does not take into account the age of the population; an area with a large number of very young or very old people will give a high crude death rate and this is not a true indication of health of the population. The crude death rate is multiplied by the factor and this year gives a corrected death rate of 10.3, which compares favourably with the rate for the country.

The grouping of deaths into periods of five years shows somewhat clearly the ageing of the population. This year I have contrasted the deaths and births for the corresponding periods and these two columns show how the number of births and deaths are approaching coincidence. Another five years should see a fall in the population of the area, unless emigration is sufficient to neutralize the increase in the number of deaths.

TABLE IV.

Quinquennium.	Number of Deaths.	Number of Births.	Excess of Births over Deaths.
1924-28	12,079	17,425	5,346
1929-33	12,597	15,828	3,231
1934-38	12,942	14,612	1,670

TABLE V.

The following table shows the deaths in their appropriate age groups for the last thirteen years :—

Year.	Death Rate.	0—	1—	2—	5—	15—	25—	45—	65—	75—	Total
1926	11.9	234	39	40	58	72	211	517	552	755	2,478
1927	11.9	193	35	45	59	73	224	502	535	819	2,485
1928	10.8	157	24	24	48	75	185	512	528	711	2,264
1929	12.9	160	40	39	68	77	216	539	626	936	2,701
1930	11.07	151	17	28	60	81	193	507	568	720	2,325
1931	12.6	171	23	36	58	86	180	515	584	925	2,578
1932	12.0	136	23	19	46	79	196	534	612	868	2,513
1933	11.9	124	17	21	43	63	92	342	893	885	2,480
1934	12.4	138	35	28	49	89	76	303	950	923	2,591
1935	12.3	107	21	30	32	79	63	281	1013	955	2,581
1936	12.4	123	18	23	41	73	75	303	949	961	2,566
1937	13.0	122	22	25	48	63	78	273	1020	1026	2,677
1938	12.3	138	10	11	33	63	80	252	968	972	2,527

This table demonstrates the small number of deaths amongst children from 12 months to 15 years of age. The proportion of deaths over 65 years of age is 77 per cent., a slightly smaller figure than last year.

TABLE VI.
DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Live Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	312	91	71	79	91
1917	266	73	81	77	96
1918	294	86	72	78	97
1919	296	66	88	78	89
1920	314	65	57	61	80
1921	278	63	61	62	83
1922	243	64	53	58	77
1923	199	53	47	49	69
1924	221	62	55	58	75
1925	163	40	50	46	75
1926	234	74	64	68	70
1927	193	50	63	50	69
1928	157	51	45	48	65
1929	160	51	46	48	74
1930	151	46	42	44	60
1931	171	48	59	54	66
1932	136	51	40	44	65
1933	124	47	41	43	64
1934	138	39	51	46	59
1935	107	39	35	37	57
1936	123	39	45	43	59
1937	122	44	39	41	58
1938	138	51	45	48	53

Infant Mortality Rate.

The infant mortality rate this year is, unfortunately, higher than it has been since 1931, the urban rate being above the rural. It is disappointing that though in 1935 the rate was only 37 per 1,000 live births, in 1938 it is 48. The Lowestoft births and deaths are included in the rate for the whole of the County, although Lowestoft is its own Authority for Maternity and Child Welfare; the numbers of births in Lowestoft is 664 and the deaths 41, which gives the somewhat high infant mortality rate of 61.7—a considerably higher rate than that for England and Wales. When the County rate excluding Lowestoft is determined, a better result is found, the rate being then 44.

Meanwhile, the rate for the country has declined steeply, though it still remains higher than the County rate. It must, however, always be remembered that variations are to be expected when small numbers are dealt with and it is safer to take the longer periods of five years, which include a large number of deaths and produce statistics which may be regarded with more confidence.

The table for quinquennial figures shows that despite annual fluctuation, the real tendency is for the County rate to fall, but despite this, I think it unlikely that the next five-yearly period will show any material improvement.

TABLE VII.
INFANT MORTALITY OVER FIVE-YEARLY PERIODS.

Quinquennium.	Number of Births.	Number of Deaths.	Infant Mortality Rate.
1919-1923	21,707	1,330	61.27
1924-1928	17,425	968	55.55
1929-1933	15,828	742	46.87
1934-1938	14,612	628	42.91

TABLE VIII.
DEATHS OF INFANTS UNDER ONE YEAR.

Year.	Birth to 24 hours inclusive.	1 day to 7 days inclusive.	1 week to 1 month inclusive.	1 month to 6 months inclusive.	6 months to 1 year.	Total number of deaths.
1929	32	30	45	31	22	160
1930	44	32	20	38	17	151
1931	36	45	32	28	30	171
1932	30	21	29	40	16	136
1933	40	25	19	22	18	124
1934	37	28	36	20	17	138
1935	26	24	23	22	12	107
1936	28	31	17	32	15	123
1937	24	38	21	22	17	122
1938	32	35	28	29	14	138

Though facilities are provided by the County Council for the treatment of marasmic children at special hospitals, no practitioner has made use of the service.

TABLE IX.
ILLEGITIMATE INFANT MORTALITY RATE.
(Children under 1 year).

Year.	Total Deaths.	Death Rate per 1,000 Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1918	43	146.0	112.2	125.7	—
1919	30	121.2	97.1	97.1	—
1920	32	94.0	100.5	98.1	—
1921	25	127.4	80.0	99.2	158.35
1922	19	75.0	77.8	76.9	138.73
1923	21	113.9	82.7	93.8	131.81
1924	22	101.3	100.8	101.0	132.95
1925	17	104.2	111.1	108.9	135.56
1926	19	101.4	85.7	90.9	129.57
1927	20	137.5	78.9	103.1	119.77
1928	7	19.2	55.1	43.4	114.81
1929	17	87.7	114.3	104.9	125.91
1930	12	81.4	38.2	55.3	104.68
1931	15	83.3	94.0	90.1	110.73
1932	11	84.7	61.8	70.5	112.18
1933	11	104.5	39.6	65.5	107.49
1934	10	107.1	52.0	75.2	95.37
1935	7	19.2	71.4	51.4	89.54
1936	5	37.7	42.3	40.0	88.01
1937	9	101.7	39.5	66.6	—
1938	8	70.2	47.1	56.3	—

It is generally expected that the illegitimate infant mortality rate will be much higher than the legitimate; in East Suffolk this year it does not exceed the legitimate rate very much. It is quite a usual experience to find here that the illegitimate child has almost the same chance of surviving the first year as the legitimate child.

II.

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA.**Staff.****Medical Staff (whole-time).**

County Medical Officer, School Medical Officer, Chief Tuberculosis Officer and Superintending Medical Officer of Royal Hospital School, Holbrook, Medical Superintendent, Normanston Hospital:

B. Wood-White, M.B., Ch.B., D.P.H.

Deputy County Medical Officer, Deputy School Medical Officer, Inspecting School Medical Officer, Royal Hospital School, Holbrook and Medical Officer of Health, Samford R.D.C.:

A. G. Atkinson, M.B.E., B.A., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

County Bacteriologist:

H. M. Cade, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

H. C. Pedler, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health for Eye M.B. and Hartismere R.D.

W. M. Burns, M.B., Ch.B., D.P.H., Medical Officer of Health for Halesworth U.D., Leiston U.D. and Blyth R.D.

C. M. Whiteford, M.B., Ch.B., D.P.H. (from 11/4/38), Medical Officer of Health, Woodbridge U.D., Deben R.D.

Edith A. Whitney, M.B., Ch.B., D.P.H.

Medical Staff (part-time).

Normanston Hospital:

M. A. MacDonald, M.C., M.B., Ch.B., Medical Superintendent—died 26th October, 1938.

N. R. Wynn-Williams, M.B., B.S., M.R.C.S., L.R.C.P., Visiting Medical Officer from 19th December, 1938.

Orthopaedic Specialist:

E. C. Bell Jones, M.B., B.S., M.Ch.ORTH., F.R.C.S.

Obstetric Specialists:

F. R. Stansfield, M.D., F.R.C.S. ENG.

M. W. Bulman, M.D., M.S., F.R.C.S.

Medical Officers, Maternity and Child Welfare Centres:

L. Gibson, M.B., Ch.B., D.P.H.

C. H. Bracewell, M.R.C.S., L.R.C.P.

Beatrice Jervis White-Jervis, M.B., B.S., M.R.C.S., L.R.C.P.

Nursing Staff.

Supervisor of Midwives and Superintendent Health Visitor:

Miss F. MacDonald, S.R.N., S.C.M., Certified Midwife Teacher, Certified Health Visitor and Sanitary Inspector, Certificate of the Tuberculosis Association.

Assistant Supervisor of Midwives, etc.:

Miss G. M. Cooper, C.M.B., Trained Nurse. Resigned 25th June, 1938.

Miss D. F. Woolston, C.M.B., Trained Nurse. Appointed 4th July, 1938.

Health Visitors:

Miss E. M. Carter, C.M.B., Trained Nurse.

Miss A. Hatch, C.M.B., Trained Nurse, R.S.I. Cert.

A varying number of District Nurses, all having the C.M.B. Certificate.

Matron, Normanston Hospital:

Miss M. Dixon, to 3/11/38.

Miss I. Chandler, from 3/11/38.

County Sanitary Staff.*County Sanitary Officer, Inspector under Shops Acts, Food and Drugs Acts, Merchandise Marks Acts, Pharmacy and Poisons Act, and Inspector of Butter Factories :*

A. E. Chapman, M.S.I.A., Cert. S.I.E.B. (1920), Meat and Food Inspector's Cert.

Assistant County Sanitary Officers:

G. H. Hine, M.S.I.A., Cert. R.S.I., Meat and Food Cert.

I. W. Fenn, Cert. R.S.I. M.S.I.A. (from 7/11/38).

Milk Sampling Officer (temporary):

A. V. Stubbs (resigned, 27th August, 1938).

County Laboratory.*Laboratory Attendants:*

A. J. Kane.

D. Miller.

Clerical Staff.*Administrative Officer:* Mr. G. Ranson (to August, 1938).*Chief Clerk:* Mr. A. Knight.*General Clerks:**Public Health.*

{	Mr. K. D. Johnson
	Mr. H. E. S. Gibbs
	Miss H. Pilgrim
	Miss M. Gibbs
	Miss S. D. Sparrow

School Medical.

{	Mr. J. L. Cobbold
	Mr. I. Fenn (to 7/11/38)
	Miss S. Bowyer
	Miss M. Thorogood
	Miss L. Gray (Clerk Shorthand-Typist)
	Miss I. Savage

County Sanitary Staff.

....	Miss E. Cordery
------	-----------------

*Shorthand Typists :**Public Health.*

{	Miss E. M. Butters
	Miss G. Sleight
	Miss A. B. R. Turner

County Sanitary Staff

....	Miss M. Bucke
------	---------------

Staff.

I have to record, in tragic circumstances, the death of Dr. M. A. MacDonald, who had been Medical Superintendent of Normanston Hospital since 1933; from the establishment of the Hospital, he had acted as locum tenens to the various Medical Superintendents during their absence through leave and illness. Dr. MacDonald, who was a very able Physician, showed the greatest interest in Normanston Hospital and the work of the institution.

COMBINATION OF COUNTY AND DISTRICT MEDICAL SERVICES. A long stride was made towards the completion of the scheme for covering the County with whole-time Medical Officers of Health; owing to the resignations or the deaths of District Medical Officers of Health over a considerable period of time, a large portion of the area was served by private practitioners acting as temporary Medical Officers of Health.

The Urban Districts of Halesworth, Leiston and Woodbridge and the Rural Districts of Blyth, Deben and Samford were all administered in this way and there was thus enough public health work to employ another Assistant County Medical Officer and to divide the district work amongst the County Medical Staff.

Dr. Atkinson, the Deputy County Medical Officer, became Medical Officer of Health for Samford R.D., Dr. W. M. Burns, Assistant County Medical Officer, became Medical Officer of Health for Blyth R.D. and Halesworth and Leiston U.D. Dr. C. M. Whiteford, the new Assistant County Medical Officer, was appointed as Medical Officer of Health for Deben R.D. and Woodbridge U.D. More than two-thirds of the County is now administered by whole-time County Medical Officers.

In the current year of 1939 it is expected that Stowmarket U.D., Gipping R.D., Bungay U.D. and Wainford R.D. will cease to be served by part-time Medical Officers of Health and this work will be done by members of the County Staff aided by the appointment of a further Assistant County Medical Officer of Health.

List of District Medical Officers of Health.

District.	Name.
URBAN.	
Aldeburgh	Dr. C. D. Somers.
Beccles	Dr. L. Gibson.
Bungay	Dr. P. G. Levick.
Eye	Dr. H. C. G. Pedler.
Felixstowe	Dr. G. J. Conford.
Halesworth	Dr. W. M. Burns.
Leiston	Dr. W. M. Burns.
Lowestoft	Dr. V. R. Welker.
Saxmundham	Dr. D. W. Ryder Richardson.
Southwold	Dr. D. W. Collings.
Stowmarket	Dr. M. C. Hounsfield.
Woodbridge	Dr. C. M. Whiteford.
RURAL.	
Blyth	Dr. W. M. Burns.
Deben	Dr. C. M. Whiteford.
Gipping	Dr. G. D. Shann.
Hartismere	Dr. H. C. G. Pedler.
Lothingland	Dr. L. Gibson.
Samford	Dr. A. G. Atkinson.
Wainford	Dr. P. G. Levick.

List of District Sanitary Inspectors.

District.	Name.
URBAN.	
Aldeburgh	Mr. P. R. Bradley.
Beccles	Mr. C. L. Hamby.
Bungay	Mr. H. Earl.
Eye	Mr. H. Austin Reeve.
Felixstowe	Mr. R. Greenwood.
Halesworth	Mr. C. W. Flaxman.
Leiston	Mr. W. C. Morgan.
Lowestoft	Mr. A. Isherwood.
Saxmundham	Mr. W. C. Morgan.
Southwold	Mr. J. S. Hurst.
Stowmarket	Mr. S. A. Senior.
Woodbridge	Mr. W. J. Goldfinch.
RURAL.	
Blyth	Mr. E. C. Kitchen.
Deben	Mr. D. Jenkinson.
Gipping	Mr. G. W. Yearsley.
Hartismere	Mr. H. Austin Reeve.
Lothingland	Mr. A. O. Adcock.
Samford	Mr. H. Watling.
Wainford	Mr. H. Earl.

Public Assistance Institutions and Children's Homes.

Name of Institution.	Medical Officer.
The Red House, Bulcamp	Dr. M. Hocken.
Hartismere House, Eye	Dr. A. Weir.
Stow Lodge	Dr. J. P. Hill.
Lothingland House, Oulton	Dr. D. W. Boswell.
St. Mary's Hospital	Dr. P. L. Crosbie.
Children's Homes.	Medical Officer.
Lowestoft Children's House	Dr. J. McBain Taylor.
Stowmarket Children's Home	Dr. A. Henderson Begg.

Ambulance Facilities.

The County Council is in possession of a motor ambulance which is used for conveying patients suffering from Tuberculosis and Puerperal Pyrexia, from their homes to Sanatoria or Hospitals when this is necessary.

Arrangements have been made for the following Authorities to use the ambulance for conveying cases of infectious disease between their homes and the Hospital:—

Aldeburgh.	*Hadleigh.
Gipping.	Hartismere.
*Cosford.	*Harwich Port Authority.
Eye.	Samford.
*District outside the Administrative County.	

An attendant is provided when required, a small charge being made for her services.

In addition, the Public Assistance Committee of the County Council use the ambulance when required.

Clinic and Treatment Centres.

(1) *Maternity and Child Welfare Centres for Consultation Purposes.*

Provided by the County Council:—

Aldeburgh	...	Cottage Hospital, Aldeburgh.
Beccles	... ..	Red Triangle Club, Newmarket Place, Beccles.
Bramford	....	Victory Hall, Bramford.
Brantham	...	Village Hall, Brantham.
Bungay	... ..	18, Chaucer Street, Bungay.
Charsfield	...	Village Hall, Charsfield.
Eye	... ..	Reading Room, Eye.
Farnham	... ..	Men's Hut, Farnham.
*Felixstowe	...	Salvation Army Hall, High Road, Walton, Felixstowe.
Halesworth	...	Old Girl's School, Halesworth.
Kessingland	...	Village Hall, Kessingland.
†Kirton	... ..	Church Room, Kirton.
Leiston	... ..	British Legion, Victory Road, Leiston.
†Martlesham	...	Sick Qtrs., Martlesham Aerodrome. (Closed March, 1938).
Nacton	... ..	Bucklesham Old School.
*Stowmarket	...	Constitutional Hall, Stowmarket.
Woodbridge	...	St. Mary's House, Woodbridge.
Wrentham	...	Town Hall, Wrentham.
*Ipswich	... ..	County Hall, Ipswich.

* = An Ante-Natal Clinic is held at Felixstowe and Stowmarket monthly, and at Ipswich weekly, except second Friday each month.

† = At these Centres the County Council does not provide for a Medical Officer to hold a session. A Nurse only is in attendance.

Provided by the Local Authority:—

- (a) Connaught House, Lowestoft.
- (b) Kirkley, Lowestoft.
- (c) Oulton Broad, Lowestoft.

(2) *Tuberculosis Dispensaries for Consultation Purposes.*

- (a) County Hall, Ipswich.
- (b) Crown Street, Lowestoft.

(3) *Treatment Centres for Venereal Diseases.*

- (a) East Suffolk and Ipswich Hospital.
- (b) Lowestoft and North Suffolk Hospital. (Provided by the County Council).

Hospitals provided or subsidized by the County Council.

(1) Tuberculosis.

(a) *Pulmonary.*

Normanston Hospital.

Ipswich Sanatorium.

Ipswich Isolation Hospital.

East Anglian Sanatorium, and other Institutions when required.

(b) *Non-Pulmonary.*

East Suffolk and Ipswich Hospital.

Lowestoft and North Suffolk Hospital.

Beccles and District War Memorial Hospital, and other Institutions when required.

(2) Maternity.

Ipswich Maternity Home.

Ipswich Borough General Hospital.

East Suffolk and Ipswich Hospital.

Lowestoft and North Suffolk Hospital.

Norfolk and Norwich Hospital.

(3) Fever.

Ipswich Isolation Hospital for the Treatment of Cerebro-Spinal Fever.

(4) Small-pox.

Ipswich Small-pox Hospital.

Oulton Small-pox Hospital.

(5) Orthopaedics.

East Suffolk and Ipswich Hospital.

County Laboratory.

The number of examinations made during 1938 has fallen by 800; the main reason for this is the smaller number of tests carried out for bacillary white diarrhoea in chickens—last year over 2,000 examinations were made and this year under 500. These are done in large batches and there is little profit attached to the work, a very small charge only being made for each; the effect of less work is merely a reduction in figures.

There has been a large increase in the number of water analyses; this examination takes up much time and produces a real financial return. I do not expect the number to be so high in 1939 because during 1938 the Education Committee had the water from each school analysed and it is not likely that this will be repeated. It is probable, however, that the District Councils (stimulated by the tragedy of Croydon) will keep a close watch upon their water supplies.

Wassermann reactions have increased by over 300. The number of biological milk tests maintains a high level and, also, the number of methylene blue tests.

This year more work has actually been carried out at the Laboratory, though the total number of examinations suggest that this is not so. It is evident that the work of the County Laboratory tends to be confined almost entirely to the Public Health services.

Specimens examined at the County Laboratory.

Examinations.	1938	1937.	1936.	1935.	1934.	1933.	1932.	1931.	1930.
puta for tubercle									
bacilli	1,205	1,330	1,403	1,264	1,346	1,414	1,444	1,377	1,253
throat Swabs	456	458	1,405	2,367	1,519	853	1,217	1,843	2,975
airs for ringworm	29	40	76	343	243	114	166	173	260
Widal reactions	75	62	68	212	31	35	39	38	49
blood cultures	5	5	4	7	4	1	3	3	4
blood films	1	7	6	6	4	18	3	14	19
blood counts	4	—	6	11	8	8	14	14	15
erebro-spinal fluids	32	21	36	32	21	18	17	17	15
urines	302	401	403	838	235	175	210	173	226
aeeces	92	120	91	664	30	34	43	29	74
Water Analyses	730	326	334	229	191	134	54	173	71
vaccines	2	2	1	5	4	9	5	21	8
milks — bacterial									
counts	359	295	2,608	2,021	436	327	383	495	358
butter fats	104	55	82	61	112	71	102	3,063	6,429
milks biological	529	576	495	624	778	377	240	233	368
milks microscopical	28	34	359	373	56	10	14	27	49
iological — other-									
wise	34	11	38	46	38	30	37	43	72
Wassermann Reac-									
tions	725	416	391	334	374	344	437	383	438
cultural for gono-									
cocci	174	72	127	112	88	101	60	104	108
microscopical for									
gonococci	297	318	260	222	264	68	46	78	36
agglutination tests									
for carriers of									
bacillary white									
diarrhoea in									
chickens	470	2243	1,174	1,810	4,330	2,672	7,489	5,239	8,295
other examinations	133	99	95	85	87	49	40	65	6
Methylene Blue Re-									
duction Test	2,037	1,733	—	—	—	—	—	—	—
TOTALS	7,823	8,624	9,462	11,666	10,199	6,862	12,063	13,605	21,128

(Signed) H. M. CADE,

County Bacteriologist.

During the past 11 years the total numbers of examinations carried out at the County Laboratory are :—

1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
9,178.	12,581.	21,128.	13,605.	12,063.	6,862.	10,199	11,666	9,462	8,624	7,823

Examinations for which Expenditure is borne by Rates:—

Throat swabs for Diphtheria bacilli; Widal Reactions; Examination of stools and urine for Typhoid bacilli; Cultural investigation for the identification of carriers; Stools in cases of suspected Dysentery, etc.; Blood for Malarial parasites.

Cerebro-spinal fluid in diagnosis of cases suspected to be suffering from Cerebro-spinal Meningitis; also, the County Bacteriologist is available to perform lumbar punctures in any such cases.

Milks for the presence of Tubercle Bacilli (100 samples a year).

Milks in connection with scheme for provision of milk for school children.

Under the Tuberculosis Scheme.

Sputa and Urine for tubercle bacilli sent in by County Practitioners, Tuberculosis Officers, and from Normanston Hospital.

For the Education Committee.

Swabs for Diphtheria; Hairs for Ringworm; Specimens of Urine.

Under the Venereal Diseases Regulations.

Examinations for V.D. Clinics; Wassermann Reactions; Gonococcal cultures.

Under the Maternity and Child Welfare Scheme.

Examination of material from obstetric cases.

Examinations for County Practitioners.

Wassermann Reactions; Examinations of slides.

Charges are made to Practitioners for examinations.

A charge is made to the Ipswich Borough Council and to St. Audry's Hospital, Melton, for the work that is required by them.

For the first year, almost entirely owing to the large number of analyses of water, the County Laboratory shows a profit; the surplus is £405. This profit is only made possible by making proper charges for work done against the Public Health account, the Tuberculosis and the Education accounts, so that in effect, though the Laboratory has made a profit, the County Council has not, though if all the examinations were sent to an outside laboratory, the County Council would have to pay a much larger annual sum for the work than they do at present.

III.

MATERNITY AND CHILD WELFARE.

This part of the Report deals with the Administrative County, excluding Lowestoft, which is its own Local Supervising Authority for Maternity and Child Welfare purposes.

Nursing Staff.

Supervisor of Midwives and Superintendent Health Visitor.

Assistant Supervisor of Midwives and Assistant Superintendent Health Visitor.

Health Visitors.

No whole-time official is engaged upon health visiting; this work is carried out by the District Nurses employed by the Nursing Association in the area, who give part-time service as health visitors, tuberculosis visitors, infant life protection visitors and maternity nurses.

TABLE X.

SUMMARY OF VISITS PAID BY HEALTH VISITING STAFF.

	1938.	1937.	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1929.
First visits to infants under 1 year	1,912	1,878	2,058	2,074	2,176	2,422	2,472	2,382	2,515	2,421
Re-visits to infants under 1 year	13,606	10,145	11,261	12,000	8,247	11,835	8,876	10,575	9,518	9,193
Visits to expectant mothers	8,997	8,874	9,728	8,699	7,794	7,577	6,323	7,417	8,433	5,692
Visits to children 1—5 years	26,523	24,155	25,344	26,141	27,720	26,811	28,670	28,121	28,068	26,755
Totals	51,038	45,052	48,391	48,914	45,937	48,645	46,341	48,495	48,534	44,061

This table shows that the work done by the Health Visiting Staff exceeds that of any previous year and in each category the visits have increased, particularly the revisits to children under one year of age.

Nursing in the Home.

I give below the number of District Nursing Associations in the Administrative County for the past 18 years :—

1921	...	...	36	1930	...	...	70
1922	...	...	43	1931	...	...	73
1923	...	...	46	1932	...	...	75
1924	...	...	49	1933	...	...	75
1925	...	...	52	1934	...	...	74
				1935	...	...	73
1926	...	...	57	1936	...	...	71
1927	...	...	60	1937	...	...	66
1928	...	...	64	1938	...	...	64
1929	...	...	67				

The following amalgamation of districts took place during 1938 :—

Haughley and Finborough.

Sweffling was dissolved and part went to Farnham and part to Dennington.

Four Districts have amalgamated to form two during the year; there are now 11 districts less than in 1933. This has been made possible by the more general use of cars, which makes for economy and efficiency.

The number of Nurses using a car for work at the end of the year was 43, an increase of 8 over last year; there can be no doubt that eventually all the district nurses will use cars, and as the total number of Nurses employed was 78 we are more than half-way to this.

Nursing Staff.

The number of Nurses undertaking work for the County Council at the end of the year was :—

Queen's Nurses	....	....	16
Trained Nurses	....	....	10
District Nurses	....	....	42
Emergency Nurses	....	....	6
Vacancies	....	....	4
			—
Total	....		78
			—

This year there were fewer trained Nurses working in the area than last, 26 compared with 30, and there were two more District Nurse-Midwives employed than in 1937. I gave my views upon this matter in my last report and I do not propose to comment again.

TABLE XI.
1938.

Maternity and Child Welfare Centres.	Popula- tion.	Number of Openings.	Number of Attendances.			Average attend- ances of children per Session.	Number of Consultations with Medical Officer.			Average number of Consultations per Child per Session attended by Medical Officer.
			Expectant Mothers.		Children.		Expectant Mothers.	Children.		
			Ante- natal	Post- natal						
<i>a.</i> Aldeburgh	2,401	49	—	—	1,717	35.0	—	—	92	5.1
<i>*a.</i> Beccles	6,408	51	42	—	2,122	41.6	1	—	1319	28.0
<i>c.</i> Bramford	2,197	15	—	—	496	33.0	—	—	190	15.8
<i>b.</i> Brantham	2,507	24	3	—	608	25.3	2	—	153	15.3
<i>*a.</i> Bungay	3,072	49	88	1	2,141	43.7	2	1	147	3.1
<i>c.</i> Charsfield	1,494	11	7	—	173	15.7	7	—	141	12.8
<i>b.</i> Eye	1,637	23	8	—	364	15.8	1	—	42	2.6
<i>c.</i> Farnham	1,381	12	11	—	287	23.9	11	—	244	22.2
<i>a.</i> Felixstowe	12,830	52	—	—	2,776	53.4	—	—	969	19.0
<i>c.</i> Ditto (Ante-natal)	—	11	251	13	—	—	244	10	—	—
<i>*a.</i> Halesworth	2,139	45	—	—	1,021	22.7	—	—	124	3.0
<i>*b.</i> Ipswich (County Hall)	—	35	278	13	63	1.8	278	13	62	1.8
<i>b.</i> Kessingland	3,158	23	—	—	328	14.3	—	—	185	8.8
† <i>c.</i> Kirton	685	12	—	—	186	15.5	—	—	—	—
<i>a.</i> Leiston	3,976	52	—	—	954	18.3	—	—	309	11.9
† <i>c.</i> Martlesham Camp (closed March 1939)	444	3	—	—	13	4.3	—	—	—	—
<i>b.</i> Nacton	1,144	12	—	—	250	20.8	—	—	163	13.6
<i>*a.</i> Stowmarket	6,508	45	10	—	2,788	61.9	10	—	390	9.5
Ditto (Ante-natal)	—	10	87	4	—	—	87	4	—	—
<i>a.</i> Woodbridge	4,959	51	143	16	2,332	45.7	116	13	532	18.3
<i>*b.</i> Wrentham	1,360	24	1	—	773	32.2	1	—	600	25.0
Summary for year :—	1938	609	929	47	19,392	31.8	760	41	5,662	12.5
	1937	592	530	—	17,234	29.1	410	—	4,275	10.3
	1936	573	492	—	17,008	29.7	483	—	3,752	9.3
	1935	575	478	—	16,882	29.36	374	—	3,018	7.88
	1934	537	530	—	14,927	27.8	208	—	2,230	7.26

a = weekly session ; *b* = fortnightly session ; *c* = monthly session.
*** = Ante-natal equipment for examination purposes.
† = Nurse only attends—no Medical Officer.

Institutional Provision for Maternity Cases.

The number of women who entered either a maternity home or a hospital for confinement under the Council's scheme for subsidising beds is given in the table below :—

TABLE XII.

	1938.	1937.	1936.	1935.	1934.	1933.	1932.	1931.
Ipswich Maternity Home	36	50	53	47	52	30	31	43
Alexandra Nursing Home	—	—	—	—	—	—	—	2
Lowestoft and North Suffolk Hospital	4	1	6	7	3	3	2	—
Beccles Hospital	2	1	2	—	1	2	—	—
Melton Nursing Home	—	2	1	—	—	—	—	—
Aldeburgh Cottage Hospital	—	1	—	—	—	—	—	—
Norfolk and Norwich Hospital	2	1	—	—	—	—	—	—
East Suffolk and Ipswich Hospital	—	1	—	—	—	—	—	—
Ipswich Borough General Hospital	18	—	—	—	—	—	—	—
Ipswich Isolation Hospital ...	3	—	—	—	—	—	—	—
TOTALS	65	57	62	54	56	45	33	45

Owing to the shortage of beds that occurred from time to time in the Ipswich Maternity Home, a number of applicants for them had to be refused. The Ipswich Borough General Hospital, which has a maternity department, was able to take the overflow, and so all women wanting to be confined in an institution were accommodated.

Unmarried Mothers.—The County Council has an agreement with the Diocesan Moral Welfare Association to give financial help towards maintaining an unmarried mother and her child in a Home ; during the year the Council contributed towards five cases.

Provision of Free Milk.

The scheme for providing free milk for children and expectant and nursing mothers has continued during the year; once again this service has expanded although there is little change in the number of pints of milk issued daily since May. I think the time has now come when we can assume that the annual cost will be between four and five thousand pounds.

Free milk is given by the County Council to expectant mothers within six months of confinement, to nursing mothers and to children under five years of age. An income scale governs the issue of this free milk and only those who come within the scale will benefit fully. A higher scale also operates which allows $\frac{1}{2}$ -pint a day only. This is an invaluable service; it provides mothers and young children of the poorer classes with first-class protein, a most important constituent of a proper diet at a critical period. As I have said before (and I repeat) in my opinion there is no service administered by the County Council which is of more value to the community than this, and my only regret is that when the children reach school age, free

milk ceases in most cases; the service will not be complete until the free pint of milk is continued for poor children during school life.

The extent of the development of the scheme can be realised by the difference between the number of gallons consumed in 1937 and 1938. In 1937 approximately 12,500 gallons were distributed, or less than one-third of the number this year.

Table XIII. shows the financial circumstances of a number of families receiving free milk; these families are, therefore, selected from the poorest in the community, but compared with the table shown last year, the incomes are rather higher; two families have under 3/- a week for food for each person, and none receiving free milk exceeds 5/6d. a head a week for food; 5d. a day for food for each member of the family (which was the sum available for one family in the list) is a ludicrous sum; even 1/- a day is insufficient to provide a proper diet.

Table XIV. showing the financial circumstances of persons suffering from Tuberculosis is a more accurate picture of the weekly income of the general community and contains a proportion only of very poor people. There is no income with less than 3/- a week available for food; 20 per cent. have under 4/- and 35 per cent. have not 7/-.

Provision of Milk for Children and Expectant and Nursing Mothers.

1938.		Number of Pints.
1st January	...	648½
5th February	...	814
5th March ...	...	852
2nd April ...	...	879
7th May ...	...	923
4th June ...	...	932
2nd July ...	...	897
6th August	...	893½
3rd September	...	901
1st October	...	910½
5th November	...	930½
3rd December	...	950
Total Number of Gallons	...	40,415.
Estimated cost	...	£4,041 10s. 0d.

TABLE XIII.
FINANCIAL CIRCUMSTANCES OF PERSONS RECEIVING FREE MILK.

Case No.	Total Income.	Rent & Rates.	Heat & Light, Etc.	No. of Occupants.			Clothing at 6d. per head.	Balance of Income.	Amount for Food for each person.	Remarks
				Total	Ad.	Ch.				
541	s. 32 0 d. 0	s. 4 0 d. 0	s. 2 0 d. 0	5	2	3	s. 2 6 d. 6	s. 23 6 d. 6	s. 4 8 d. 8	Pub. Ass.
555	s. 40 0 d. 0	s. 3 6 d. 6	s. 2 0 d. 0	6	2	4	s. 3 0 d. 0	s. 31 6 d. 6	s. 5 3 d. 3	Above scale.
589	s. 32 6 d. 6	s. 5 3 d. 3	s. 2 0 d. 0	6	2	4	s. 3 0 d. 0	s. 22 3 d. 3	s. 3 8 d. 8	Unemployed.
603	s. 41 0 d. 0	s. 13 6 d. 6	s. 2 0 d. 0	7	2	5	s. 3 6 d. 6	s. 22 0 d. 0	s. 3 1 d. 1	
622	s. 52 0 d. 0	s. 3 0 d. 0	s. 2 0 d. 0	10	2	8	s. 5 0 d. 0	s. 42 0 d. 0	s. 4 2 d. 2	
645	s. 60 0 d. 0	s. 11 6 d. 6	s. 2 0 d. 0	8	2	6	s. 4 0 d. 0	s. 42 6 d. 6	s. 5 4 d. 4	
661	s. 25 0 d. 0	s. 3 0 d. 0	s. 2 0 d. 0	6	2	4	s. 3 0 d. 0	s. 17 0 d. 0	s. 2 10 d. 10	Pub. Ass.
693	s. 31 6 d. 6	s. 8 3 d. 3	s. 2 0 d. 0	5	2	3	s. 2 6 d. 6	s. 19 0 d. 0	s. 3 10 d. 10	Above scale.
714	s. 37 0 d. 0	s. 3 3 d. 3	s. 2 0 d. 0	5	2	3	s. 2 6 d. 6	s. 29 3 d. 3	s. 5 3 d. 3	
735	s. 34 0 d. 0	s. 3 0 d. 0	s. 2 0 d. 0	5	2	3	s. 2 6 d. 6	s. 26 6 d. 6	s. 5 3 d. 3	
756	s. 45 0 d. 0	s. 5 6 d. 6	s. 2 0 d. 0	11	2	9	s. 5 6 d. 6	s. 32 0 d. 0	s. 2 11 d. 11	
779	s. 38 0 d. 0	s. 5 6 d. 6	s. 2 0 d. 0	6	2	4	s. 3 0 d. 0	s. 27 6 d. 6	s. 4 7 d. 7	
806	s. 34 0 d. 0	s. 2 6 d. 6	s. 2 0 d. 0	5	2	3	s. 2 6 d. 6	s. 27 0 d. 0	s. 5 5 d. 5	
824	s. 45 0 d. 0	s. 5 6 d. 6	s. 2 0 d. 0	6	2	4	s. 3 0 d. 0	s. 34 6 d. 6	s. 5 9 d. 9	Above scale.
843	s. 36 0 d. 0	s. 3 6 d. 6	s. 2 0 d. 0	7	1	6	s. 3 6 d. 6	s. 27 0 d. 0	s. 3 10 d. 10	Widow
848	s. 36 6 d. 6	s. 2 3 d. 3	s. 2 0 d. 0	7	2	5	s. 3 6 d. 6	s. 28 9 d. 9	s. 4 1 d. 1	Pub. Ass.
855	s. 55 0 d. 0	s. 7 6 d. 6	s. 2 0 d. 0	8	2	6	s. 4 0 d. 0	s. 41 6 d. 6	s. 5 2 d. 2	
874	s. 34 0 d. 0	s. 2 0 d. 0	s. 2 0 d. 0	5	2	3	s. 2 6 d. 6	s. 27 6 d. 6	s. 5 6 d. 6	
884	s. 38 9 d. 9	s. 3 10 d. 10	s. 2 0 d. 0	4	2	2	s. 2 0 d. 0	s. 30 11 d. 11	s. 7 9 d. 9	Above scale.
891	s. 71 6 d. 6	s. 14 6 d. 6	s. 2 0 d. 0	11	2	9	s. 5 6 d. 6	s. 49 6 d. 6	s. 4 6 d. 6	

TABLE XIV.

FINANCIAL CIRCUMSTANCES OF PERSONS IN SANATORIUM OR HOSPITAL.

Case No.	Total Weekly Income.	Rent, Rates & Insurance.			Heat and Light Etc.	No. of Occupants.			Clothing at 6d. per head.		Weekly Balance of Income.		Weekly Amount per head.	Remarks.
		s.	d.	s.	d.	Total	Ad.	Ch.	s.	d.	s.	d.		
8,805	36 7	7	3	2	0	3	2	1	1	6	25	10	8 7	Husband— Horseman
8,806	38 5	11	9	2	0	2	2	—	1	0	23	8	11 10	Husband— Gyrotiller
8,851	90 9	15	3	2	0	7	4	3	3	6	70	0	10 0	—
8,871	32 6	14	9	2	0	4	2	2	2	0	13	9	3 5	—
8,884	28 0	4	6	2	0	5	2	3	2	6	19	0	3 10	—
8,808	45 8	8	2	2	0	7	4	3	3	6	32	0	4 7	Father—Gardener
8,901	38 6	7	6	2	0	4	3	1	2	0	27	0	6 9	—
8,910	69 0	7	2	2	0	3	2	1	1	6	58	4	19 5	Husband—Printer
8,911	48 11	10	0	2	0	9	2	7	4	6	32	5	3 7	Father—Cook
8,917	34 6	12	10	2	0	3	3	—	1	6	18	2	6 0	—
8,922	118 2	14	1	2	0	7	6	1	3	6	98	7	14 1	—
8,729	41 9	5	6	2	0	3	3	—	1	6	32	9	10 11	—
8,774	66 0	10	5	2	0	4	4	0	2	0	51	7	12 11	—
8,633	62 6	3	9	2	0	6	5	1	3	0	53	9	8 11	—
8,652	85 6	16	0	2	0	3	3	0	1	6	66	0	22 0	—
8,659	50 0	3	9	2	0	4	3	1	2	0	42	3	10 7	—
8,548	39 0	12	2	2	0	6	3	3	3	0	21	10	3 8	—
8,581	107 0	26	1	2	0	5	4	1	2	6	76	5	15 3	Father—Fitter
8,817	47 0	12	9	2	0	2	2	0	1	0	31	3	15 7	—
8,202	54 0	11	6	2	0	3	3	0	1	6	39	0	13 0	—

Obstetric Consultant Service.

The Obstetric Consultant Service continues as before. Mr. Stansfield, who is on the staff of the East Suffolk and Ipswich Hospital, is Obstetric Specialist for the South; Mr. Bulman, who is on the staff of the Norfolk and Norwich Hospital, acts for the North.

Mr. Stansfield was called in seven times and his Deputy once, and Mr. Bulman upon two occasions; in all, the Obstetric Consultants were used for ten complicated cases during the year, the same number as in 1937; the total cost to the County Council for the service during 1938 was £37 7s. 0d.

Although this service has been established for some time now the calls for the Consultants are few.

Home Helps.

A home help was provided on 14 occasions this year.

In 1937, ten were provided, and in 1936, two.

The cost to the County Council varies between 10/- and 12/6 weekly, and the help usually remains for two weeks with each patient.

Maternal Mortality.

The following is a list of the causes of death which occurred in 1938, as given by the Registrar-General:—

<i>Lowestoft:</i>	1.	{ Heart failure. Acute oedema of lungs. Anuria. Puerperal eclampsia.
<i>Deben:</i>	1.	{ Mesenteric thrombosis. Septic abortion. Retained placenta. Pulmonary oedema.
		{ Embolic gangrene of lung. Septic endometritis. Abortion.
<i>Gipping:</i>	2.	{ Cerebral pontine haemorrhage. Eclampsia. Toxaemia of pregnancy.
		{ Puerperal embolism. Puerperal eclampsia.
<i>Lothingland:</i>	3.	{ Post-partum eclampsia. Toxaemia of pregnancy.
		{ Post-partum shock. Secondary inertia. Prolonged labour (post maternity).

During 1938 none of the extra services recommended by the Ministry of Health which were not already provided by the County Council, had been put into operation; nevertheless, the puerperal mortality rate remains low and is better than the country rate.

Puerperal sepsis is less in evidence and for the country is lower than ever before; it is probable that the treatment now given for this condition is reducing the number of deaths.

The figures for the County have been divided into three five-yearly periods, dating from 1924; they show that there has been a persistent fall in the deaths from other puerperal causes, but a fluctuation in deaths from puerperal sepsis; the total puerperal mortality rate was practically the same for the first two quinquenniums, but the last shows a sharp fall.

Maternal deaths in this area are investigated by the County Medical Officer of Health.

TABLE XV.

MATERNAL MORTALITY RATE.

Year.	ADMINISTRATIVE COUNTY (including Lowestoft).				ENGLAND AND WALES.					
	No. of Deaths.		Mortality per 1,000 Live Births.		Mortality per 1,000 Total Births.		Mortality per 1,000 Live Births.		Mortality per 1,000 Total Births.	
	No. of Births.	Puer-peral sepsis.	Other puer-peral causes.	Total.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.
1923	4033	1	10	11	.25	2.48	2.73	1.30	2.51	3.81
1924	3803	5	8	13	1.32	2.10	3.42	1.39	2.51	3.90
1925	3546	3	6	9	.85	1.69	2.54	1.56	2.52	4.08
1926	3430	2	10	12	.58	2.92	3.50	1.60	2.52	4.12
1927	3352	7	7	14	2.09	2.09	4.18	1.57	2.54	4.11
1928	3294	4	9	13	1.21	2.73	3.94	1.79	2.63	4.42
1929	3303	6	11	17	1.82	3.33	5.15	1.80	2.53	4.33
	*3454									
1930	3441	6	2	8	1.74	.58	2.32	1.92	2.48	4.40
	*3557									
1931	3163	5	9	14	1.58	2.84	4.42	1.66	2.45	4.11
1932	*3288									
1932	3070	5	7	12	1.62	2.28	3.90	1.61	2.63	4.24
1933	*3197									
1933	2851	2	5	7	.70	1.75	2.45	1.79	2.63	4.42
1934	*2960									
1934	2998	7	4	11	2.33	1.34	3.67	2.03	2.57	4.60
1935	*3104									
1935	2912	3	4	7	1.03	1.37	2.40	1.68	2.42	4.10
1936	*3046									
1936	2870	6	7	13	2.90	2.43	4.53	1.40	2.41	3.81
1937	*2982									
1937	2964	3	5	8	1.01	1.69	2.70	.97	2.26	3.23
1938	*3068									
1938	2868	2	5	7	.69	1.74	2.44	.89	2.19	3.08
	*2983									

* = Includes Stillbirths.

TABLE XVI.
MATERNAL MORTALITY OVER FIVE YEARLY PERIODS.

Quin- quennium.	ADMINISTRATIVE COUNTY (including Lowestoft).									
	No. of Births	No. of Deaths.			Mortality per 1,000 Live Births.			Mortality per 1,000 Total Births.		
		Puer- peral sepsis	Other puer- peral caus- es.	Total.	Puer- peral sepsis.	Other puer- peral causes.	Total puer- peral mort- ality.	Puer- peral sepsis.	Other puer- peral causes.	Total puer- peral mort- ality.
1924-1928	17425	21	40	61	1.2	2.29	3.5	—	—	—
1929-1933	15828	24	34	58	1.5	2.14	3.6	1.45	2.06	3.5
	*16456									
1934-1938	14612	21	25	46	1.4	1.7	3.1	1.38	1.64	3.0
	*15183									

* = Includes Stillbirths.

TABLE XVII.
Notification of Births, Public Health Act, 1936,
1938,

During the twelve months 2,123 births were notified, viz. :—
2,040 live births. 83 stillbirths.

Births which occurred in the Municipal Borough of Lowestoft are excluded.

Live Births.	1938.	1937.	1936.	1935.	1934.	1933.	1932.	1931	1930.	1929.
Notified by Medical Practitioners ...	899	983	956	950	1,000	991	1,196	1,197	1,216	1,477
Notified by Midwives	1139	1,093	1,125	1,141	1,197	1,071	1,071	1,086	1,207	1,015
„ Parents	2	1	1	3	6	2	3	1	3	8
„ Women acting in emergency midwifery	—	—	—	—	—	—	—	—	3	5
Totals	2,040	2,077	2,082	2,094	2,203	2,064	2,270	2,284	2,429	2,505
Unnotified, but obtained from Registrars' returns	104	140	116	104	140	123	140	147	180	203
Totals	2,144	2,217	2,198	2,198	2,343	2,187	2,410	2,431	2,609	2,708
Birth figures supplied by the Registrar-General for the Administrative County (excluding Lowestoft)	*2,204 †91	*2,255 †83	*2,239 †83	*2,267 †109	*2,349 †79	*2,266 †88	*2,396 †96	*2,465 †97	*2,676 †90	*2,645 †120
									* Live births.	
Stillbirths (excluding Lowestoft) :—										
Notified by Medical Practitioners	50	48	44	67	45	54	62	64	35	77
Notified by Midwives	33	31	27	31	31	29	23	24	30	33
Totals	83	79	71	98	76	83	85	88	65	110

The proportion of births notified by Midwives compared with those notified by Practitioners continues to be high, though the number of births attended by Practitioners is less; there are, of course, a small number of births unnotified.

TABLE XVIII.
OPHTHALMIA NEONATORUM.
(excluding Borough of Lowestoft).

YEAR.	Total Number of Cases.	Cases Treated.		Vision unim- paired.	Vision im- paired.	Total Blind- ness.	Deaths.
		At Home.	In Hospital.				
1930	13	7	6	12	1 (1 eye)	—	—
1931	6	4	2	6	—	—	—
1932	6	3	*3	6	—	—	—
1933	4	3	1	4	—	—	—
1934	6	6	—	5	—	—	†1
1935	10	7	3	9	—	—	1
1936	4	4	—	4	—	—	—
1937	12	4	§3	9	1	1	—
1938	8	4	4	‡7	—	—	—

* Another case treated in Hospital was not notified.

† Gastro-enteritis in a marasmic infant.

§ One case still under treatment at end of year.

‡ One case removed from area.

As usual, the number of cases of ophthalmia neonatorum in the County was small; in no case was vision impaired.

TABLE XIX.
PUERPERAL PYREXIA
(excluding Borough of Lowestoft).

Year.	Total number of Cases.	Cases treated at Home.	Cases treated in Hospital.		Result.	
			By County Council.	Otherwise.	Cured.	Died.
1930	41	17	8	16	36	5
1931	29	10	8	11	27	2
1932	17	11	*1	5	15	2
1933	17	9	—	8	15	2
1934	32	10	9	13	26	6
1935	26	12	9	5	23	3
1936	33	12	11	10	29	4
1937	24	10	12	2	22	2
1938	24	6	12	6	22	2

* Another case treated in Hospital was not notified.

The County Borough of Ipswich and the Borough of Lowestoft treat County cases of puerperal fever in their Isolation Hospitals by agreement. This year 12 cases were treated under this arrangement.

One-quarter of the cases were treated in their homes; half were treated by the County Council in an Isolation Hospital and one-quarter in hospitals other than the Isolation Hospitals.

Annual Report of Supervisor of Midwives.

1st January, 1938, to 31st December, 1938.

Notifications of Intention to Practice in the County 134

Analysis :—

Working for East Suffolk Nursing Association	86	134	Ceased during 1938. 11 1 6 1 } 19	
Independent Midwives	22			
Nursing Homes and Cottage Hospitals	14			
Employed in Institutions	10			
Others	2			
Midwives practising on 31st December, 1938	115			

Cases attended by Midwives :—

	Primiparae.	Multiparae.	Total.
Midwifery	164	662	826
Maternity	517	544	1061
			<hr/> 1887 <hr/>

Analysis :—

	Midwifery.	Maternity.
District Nurses	765	901
Independent Midwives	40	50
Nursing Homes	17	92
Institution	—	17
Others	4	1
	<hr/> 826 <hr/>	<hr/> 1061 <hr/>

Medical Aid Forms :—

(a) Requisitions for medical aid : 340

	Primiparae.	Multiparae.	Total.
For Mothers	78	201	279
For Infants	—	—	50

(plus 11 received from Ipswich Maternity Home).

(b) Notifications of stillbirth :

Twenty were notified, viz. :—

10 were macerated.

8 were due to difficult labour.

1 was due to B.B.A.

1 was deformed.

Plus 4 not notified by midwives, and one which occurred in the Ipswich Maternity Home.

(c) Notifications of death :

	Total.
Mothers	Nil.
Infants	14

Eleven were due to feebleness, 1 deformity, 1 head injury and 1 heart disease.

(d) Notifications of Laying Out a Dead Body 43

(e) Notifications of Liability to be a Source of Infection 50

Contact with Rise of Temperature	24
„ „ Puerperal Sepsis	1
„ „ Purulent Discharge	5
„ „ Specific Case	1
„ „ Scarlet Fever	4
„ „ Pemphigus	2
„ „ „ (?)	2
„ „ Rash (?)	1
„ „ Ophthalmia Neonatorum	2
„ „ Chicken Pox	1
„ „ Impetigo	1
„ „ White Leg	1
„ „ Erysipelas	1
„ „ Boil on neck (Nurse)	1
„ „ Septic Finger „	1
„ „ Inflamed eye....	1
„ „ Diphtheria	1

Disinfection:

Routine disinfection was carried out by each midwife in attendance.

(f) Artificial Feeding of Infants :

Twenty-five mothers were unable to feed their babies due to illness or insufficiency of milk.

(g) Ophthalmia Neonatorum :

Eight cases were notified, three were removed to hospital. All are now completely cured with no impairment of vision.

One Midwife was reported to the Central Midwives' Board for neglect of duties and falsifying records. The case was heard on 2nd June, 1938, and judgment suspended until twelve months have elapsed, the Local Authority employing the Midwife to send a quarterly report of her work to the Central Midwives' Board.

One Midwife was advised to have two months' Post-Graduate experience during 1938 before continuing practice, following a maternal death in 1937.

<i>Routine Inspections of Midwives</i>	...	...	314
<i>Special Visits to Midwives</i>	...	...	76

F. MACDONALD,
Supervisor of Midwives.

February, 1938.

Midwives.

The midwives have attended in their capacity either as midwife or maternity nurse, 80 per cent. of the births; the increasing tendency for midwives to be present in one of these capacities has been observed since 1931, when the figures for Lowestoft were excluded. It is becoming commoner every year for mothers to be attended by a Doctor assisted by a midwife acting as a maternity nurse; though the births since 1931 have decreased by 267, the midwives this year have taken 147 extra cases as midwife and 265 more with a Doctor.

In order to prevent unqualified persons acting as maternity nurses for gain, an application was made to the Minister for Section 6 of the Midwives Act, 1936, to be applied to the Administrative County; he satisfied himself that the service of domiciliary midwives for the area was adequate for the needs of the area and an Order was made which comes into force on the 1st July, 1939. The number of unqualified persons acting in this capacity has rapidly decreased in this county and the Order will put an end to a dying practice.

Calls for Medical Aid.—The Number of calls was slightly less than last year, but the percentage was higher; it seems as though there will be an average of about 40 per cent calls for midwives cases.

One midwife had 9 calls for medical help for 12 cases; another 5 for 6 cases; another 7 for 9 cases; another 8 for 13 cases. All these midwives had a high proportion of calls in 1937.

Of the cases attended by midwives, 164 were for the first child and 662 for the second; the number of calls for the first confinement was as usual, higher in proportion than for the others.

TABLE XX.
MIDWIVES.

Year.	Number of Births. (Live Births unless otherwise stated.)	Cases taken by Midwives.			Percentage of Births attended by Midwives.		Calls for Medical Aid.	Percentage of Calls.	No. of Trained Midwives practising at any time during the year.	Un-trained Midwives.	Amounts paid to Doctors for Medical Help.
		As Mid-wife.	As Maternity Nurse.	Total.	As Mid-wife.	As Maternity Nurse.					
1913	4680	981	—	981	21	—	37	3·8	42	31	£ s. d.
1922	4205	1173	—	1173	28	—	147	13·0	80	11	167 17 0
1923	4033	1055	721	1776	26	18	172	16·0	97	9	214 12 6
1924	3803	1113	693	1806	29	18	210	19·0	103	3	300 12 6
1925	3546	1160	744	1904	32	21	248	21·0	106	2	338 15 6
1926	3430	1100	778	1878	32	23	275	25·0	118	1	363 11 2
1927	3352	1129	798	1927	34	24	253	23·0	121	—	314 9 6
1928	3294	1178	939	2117	36	29	246	21·0	125	—	333 13 5
1929	*3454	1191	896	2087	34	26	311	26·0	120	—	422 18 0
1930	*3557	1399	1043	2442	39	29	393	28·0	134	—	504 6 9
†1931	*2562	973	796	1769	38	31	255	26·0	121	—	364 18 6
†1932	*2492	967	884	1851	39	35	235	24·3	135	—	365 14 6
†1933	*2354	930	859	1789	39	36	280	30·1	139	—	405 7 4
†1934	*2428	991	923	1914	41	38	319	32·2	147	—	458 11 8
†1935	*2376	970	940	1910	41	40	326	33·6	122	—	544 16 1
†1936	*2322	895	953	1848	38	41	317	35·4	143	—	445 17 0
†1937	*2338	846	1050	1876	36	44	332	39·2	132	—	447 12 6
†1938	*2295	826	1061	1887	36	46	329	39·8	134	—	496 10 6

* Number of Births includes Stillbirths.

† Figures for Lowestoft excluded.

TABLE XXI.

ANALYSIS OF CALLS FOR MEDICAL AID BY SOME COUNTY MIDWIVES DURING 1937 AND 1938.

Nurse-Midwife.	1937.		1938.	
	Number of Cases taken.	Calls for Medical Aid.	No. of Mid. cases taken.	Calls for Medical Aid.
A.	20	7	22	4 2P. 2M.
B.	10	9	12	4 3M. 1B.
C.	22	9	20	5 1P. 3M. 1B.
D.	11	8	10	3 1M. 2B.
E.	8	4	8	6 6M.
F.	8	5	12	9 3P. 4M. 2B.
G.	11	14	13	8 1P. 5M. 2B.
H.	8	6	6	5 3M. 2B.
I.	9	2	8	4 1P. 2M. 1B.
J.	3	4	2	1 1P.
K.	14	5	13	6 2P. 3M. 1B.
L.	14	8	21	13 6P. 6M. 1B.
M.	13	10	9	7 4P. 3M.
N.	16	10	8	2 1P. 1M.
O.	13	10	18	6 4M. 2B.

Requisitions for Medical Aid, 1938.

<i>For Mother.</i>				<i>For Baby.</i>			
Rupt. Perineum	...	...	72	Dangerous feebleness	...	...	16
Albuminuria	...	...	24	Discharging eyes	...	...	13
Delayed labour	...	...	24	? Pemphigus	...	...	3
Uterine Inertia	...	...	7	Cleft palate	...	...	2
Obstructed labour	...	...	1	Deformed foot	...	...	2
Twin Labour	...	...	1	Artificial Feeding	...	...	2
Threatened miscarriage	...	...	23	Skin rash	...	...	1
Complete miscarriage	...	...	24	Septic umbilicus	...	...	1
Rise of temperature	...	...	16	Jaundice	...	...	1
Malpresentation	...	...	12	Blood in stools	...	...	1
Retained and adherent placenta	...	...	10	Maemateria	...	...	1
Inflamed leg	...	...	8	Stillbirth	...	...	1
Haemorrhoids	...	...	2	Constipation	...	...	1
Dangerous veins	...	...	7	Spina bifida	...	...	1
Swollen legs	...	...	4	Abnormality	...	...	1
White leg	...	...	1	Deformed hand	...	...	1
Cramp in leg	...	...	1	Abscess on penis	...	...	1
A.P.H.	...	...	8	Convulsion	...	...	1
Inflamed breast	...	...	4	Head injury	...	...	1
P.P.H.	...	...	4	Chest condition	...	...	1
Debility	...	...	4				52
Excessive sickness	...	...	4				
Excited state	...	...	3				
Chorea	...	...	1				
Sleeplessness	...	...	1				
Breech presentation	...	...	4				
Raised blood pressure	...	...	2				
Insufficient milk	...	...	2				
Subinvolution	...	...	2				
Disproportion	...	...	2				
? Lie of Child	...	...	2				
Early rupture of membrane	...	...	1				
Prolapsed membrane	...	...	1				
Pain in rib	...	...	1				
Pain in buttock	...	...	1				
Abd. pain	...	...	1				
Faintness	...	...	1				
Precipitate labour	...	...	1				
Post maturity	...	...	1				

Of the above figures, deduction should be made for 9 mothers and 2 babies delivered in the Ipswich Maternity Home.

Public Health Act, 1936. Section 187.

Registration of Nursing Homes.

Applications for registration have been granted to :—

Maternity and Nursing Homes.

Aldeburgh Cottage Hospital, Aldeburgh.
Felixstowe Nursing Home, " Kilbowie," Wolsey Gardens, Felixstowe.
" Carmel," Ashmans Road, Beccles.
" Rutland," Berners Road, Felixstowe.

Nursing Homes.

Nursing Home, Wingfield Street, Bungay.
" Hunts," Buxhall.
The Shottisham Nursing Home, Street Farm, Shottisham.
" The Laurels," Snape (for convalescent children).
The Old Vicarage, Bramford.
The Lowlands, Flixton Road, Bungay.

Maternity Homes.

71, Cornwall Road, Felixstowe.
Mrs. Baalham's Nursing Home, Duke Street, Hintlesham.
The Maples, Easton.
Kersey Towers, Tomline Road, Felixstowe.
Gaston End, East Bergholt.
St. Mary's, Albert Road, Framlingham.

Applications for exemption from registration have been allowed to :—

Patrick Stead Hospital, Halesworth.
Cottage Hospital, Southwold.
Cottage Hospital, Felixstowe.
Suffolk Convalescent Home, Felixstowe.
Bartlet Convalescent Home, Felixstowe.
Herman de Stern Convalescent Home, Felixstowe.
Beccles and District War Memorial Hospital, Beccles.
Phyllis Memorial Nursing Home, Melton.

LOWESTOFT M.B. Powers and duties delegated by the County Council to the Borough Council on the 3rd July, 1928.

Child Life Protection.

The following figures relate to the children under supervision of the Health Visitors at the end of each respective year :—

Year.	Number of children under supervision.
1930	357
1931	317
1932	308
1933	343
1934	519
1935	494
1936	484
1937	437
1938	450

The number of foster children in the area remains much the same. There has been no need to take action to remove a child from a foster parent during the year.

Two foster parents left Lowestoft for the County because in that Borough foster parents are limited to two children only, unless special permission for more than this number is obtained. Both homes were inspected by the Superintendent Health Visitor and myself; in one instance the number of foster children was limited to 8 and the other 5.

Though there may be a natural aversion to anyone taking a number of foster children as a means of livelihood, it is essential to consider each case upon its merits. I have found on occasions that a number of foster children living together are better cared for than some of the single children who live with foster parents.

The foster parent must be fairly dealt with and if the home is good and the children well fed and clothed, it would be arbitrary to restrict such a foster parent to a smaller number of children than she is able to accommodate and to care for. The legal side must also be remembered; if a foster parent were limited to a small number of children and decided to ignore the limitation and to exceed the quota, the County Council would be bound to take action, and if the evidence of their officers supported the foster parent in her contention that she was able to care for the children in a proper way, then the Council would lose the day.

Occasionally foster children are placed in homes where a member of the family suffers from Tuberculosis—an awkward situation at once arises; the information that a patient is suffering from the disease is confidential and as the Infant Life Protection Visitor is also a Tuberculosis Visitor she is not in a position to divulge it and the County Medical Officer of Health is in exactly the same position.

It is essential that foster children should be protected from infection, and it is often very difficult to ensure it. It may be necessary to use bluff—a very objectionable method. It is not only the parent who inadvertently places her child in such a position, but also the big and well known charitable organisations. Some time ago I suggested to one of them that they should require a certificate of a clean bill of health for every member of any family taking children from them and that a certificate should be obtained once a year. The Society was, however, unable to accept this suggestion.

It is high time that there should be no ambiguity about this matter, and that the child should be removed at once when it is known that a member of the household is an open case of tuberculosis.

Orthopaedic Treatment.

The Maternity and Child Welfare Committee assumed responsibility for the treatment of crippled children under 5 years of age on the 1st April, 1937. During the year, 11 cases required assistance, namely.

				£	s.	d.
In-patients	...	...	...	7	16	0
Out-patients	...	...	...	1	8	0
X-Rays	...	...	...	1	7	6
Surgical Appliances	...	...	...	5	18	5

As I forecasted last year, the orthopaedic service has not been largely used; both the number of in-patients and out-patients was small. It is likely that some young children were treated at the Hospital and no application was made to the County Council for them.

An Orthopaedic Nurse was appointed in 1939 and this increases the chance that all children requiring treatment will have it.

IV.

Public Assistance Medical Services.

I very much regret that this year I have been unable to have the usual figures completed for the Public Assistance services, so that tables which were formerly included are missing. Previously, tables have been included showing the patients occupying the sick wards, those who were bedridden; and the percentage, the age groups and the various diagnoses and the discharges and deaths during the 12 months. The omission this year is because of the heavy burden of A.R.P. work which has been placed upon my Department, and as Medical Officer of a scheme making authority, my time has been more than fully occupied and the majority of the Public Health staff has been similarly affected.

The records were kept up to the time of the crisis in September, 1938, but since then it has been impossible for my staff to cope with the Public Assistance figures, which were more of interest than of vital importance and the recording of these statistics ceased.

It will, I hope, be possible to give the Public Assistance figures again in the report for 1939.

Public Assistance Medical Out-Relief Services.

<i>Name.</i>	<i>Address.</i>
Acheson, P. M.	Clare House, Aldeburgh.
Addison, E. A.	Coddenham, Ipswich.
Anderson, Archibald Stirling Kennedy	1, Marine Parade, Gorleston.
Bailey, J. Shackleton	Lawrence House, Eye.
Barraclough, H. C.	381, London Road S., Lowestoft.
Begg, A. Henderson	Tinsley House, Stowmarket.
Besley, F. W.	1, Quay Street, Halesworth.
Birks, Alan Herrenden	South Lodge, Woodbridge.
Borham, John Douglas	Wymering House, Southwold.
Bracewell, C. H.	Wrentham House, Wrentham.
Bree, Sidney	High Street, Manningtree.
Burlingham, A.	Lynton, Leiston.
Calder, Enid	Tudor Lodge, Lowestoft.
Collins, William	47, St. Helen's, Ipswich.
Cordeaux, E. C.	18, South Green, Southwold.
Craig, Doniel Mackinnon	The Haynings, Framlingham.
Crawford, William Wardlaw	Cumberland House, Woodbridge.
Crosbie, P. L.	Termone, Holbrook.
Cursham, Anthony	Thoro'fare, Halesworth.
Deane, Kenneth Hamilton	Surbiton Lodge, Gorleston.
Eades, Reginald Oliver	156, Foxhall Road, Ipswich.
Fryer, D. W.	52, Derby Road, Ipswich.
Fryer, William Francis	11, Fore Street, Ipswich.
Garnett, D. G.	Leiston.
Gonin, Mervyn Willett	236, Felixstowe Road, Ipswich.
Grantham-Hill, Clermont	St. Peter's House, Beccles.
Groom, John Long	13, Church Street, Woodbridge.
Guiver, Frank	Ardleigh, Essex.
Hill, J. P.	The Limes, Ipswich Street, Stowmarket.
Hocken, Melville	10, Market Place, Halesworth.
Hounsfield, Maurice Coupland	The Beeches, Marriott's Lane, Stowmarket.
Hoyland, Stanley Wall	Wyncroft, Nelson Road, Ipswich.
Hughes, S. B.	146, London Road, N., Lowestoft.
Hyder, Roland Ingham	"Binnakandy," Colchester Road, Ipswich.
Jervis-White-Jervis, Beatrice	Lincoln Cottage, Rosebery Road, Felixstowe.
Keene, Reginald	12, Gordon Road, Lowestoft.
Keer, Kenneth John Taylor	Haldon House, Wickham Market.
Keer, John Cordy	Claremont House, Wickham Market.
Lehmann, Harold Paul	Lynn House, Wickham Market.

<i>Name.</i>	<i>Address.</i>
Lloyd, William Jeaffreson	East Hill, Lee Road, Aldeburgh.
Macnab, A.	Kildonan, London Road, S. Lowestoft.
Maidment, Frederick Norton Haylock	Harleston, Norfolk.
Mayer, J. C.	"Gaza", Otley.
Mead, J. C.	Bryn-y-Mor, Yarmouth Road, Lowestoft.
Muriel, John	4, Church Street, Hadleigh.
McBride, John Richard Best	Rowan House, East Bergholt.
Newell, Eric Llewellyn	Duke Street, Hadleigh.
Palmer, William Hotson	Bracondale, Kirkley Park Road, Lowestoft.
Parry, W. E. C.	The Beeches, Holbrook.
Peregrine, R. L.	Kessingland.
Perry, Arnold William Hart	Suffield Lodge, Gorleston.
Poignand, Ralph Newman	The Beeches, Walsham-le-Willows.
Robinson, Victor Penrose	The Cottage, Diss.
Ranson, William Russell	The Chestnuts, Needham Market.
Sleigh, J. G.	Albany Cottage, Dedham, Essex.
Staddon, E. J.	6, Silent Street, Ipswich.
Steeds, R. J.	do.
Stevens, Norton	The Street, Woolpit.
Spencer, Percy John	Gosford House, Finningham.
Sheehan, William Joseph	The Firs, Hoxne.
Scott, Sidney	"Brightwell," Woodbridge Road, Ipswich.
Vincent, G. O. B.	The Cedars, Diss.
Vincenzi, J. E. G.	Earl Soham.
Wade, E. W.	The Beeches, Harleston, Norfolk.
Ward, Kenneth Leslie	The Homestead, Botesdale.
Weir, Archibald	Hill House, Eye.
Wight, C. H.	Wangford.
Wynn-Williams, N. R. W.	St. Annes, London Road, Lowestoft.

Public Assistance—Medical Relief Districts.

<i>Name of District.</i>	<i>Name of Medical Officer.</i>
Blything.	
No. 3	Dr. N. M. Stephen.
No. 4	Dr. F. K. Marriott.
Debenham	Dr. H. Henry.
Stow.	
No. 1	Dr. J. P. Hill.
No. 5	Dr. H. S. Gaskell.
Fressingfield	Dr. W. C. Hutley.
Bacton and Mendlesham	Dr. L. B. Aveling.
Stradbroke	Dr. H. G. Biddle.
Plomesgate.	
No. 4	Dr. H. N. Baron.
No. 5	Dr. E. A. Collins.
Beccles	Dr. H. G. Wood-Hill.
Bungay	Dr. L. B. Cane.
Woodbridge.	
No. 1	Dr. G. S. Lund.
No. 2	Dr. G. S. Lund.
No. 5	Dr. P. L. Giuseppi.

**Relieving Officers' Districts, and
Names and Addresses of Relieving Officers for each District.**

Name of District.	Name of Relieving Officer.	Address.
Beccles	Mr. H. R. Hadingham	Hungate House, Beccles.
Capel	Mr. F. J. Barry	2, Chesham Road, Ipswich.
Eye	Mr. N. Billings	Lambseth Street, Eye.
Felixstowe	Mr. H. G. Meadows	Office—Cowley Road, Felixstowe. Residence—c/o. Mr. Sheldrake, The Croft, St. Andrew's Road, Felix- stowe.
Halesworth	Mr. H. W. Bond	Brook Street, Yoxford.
Lowestoft	Mr. A. Jarrold	2, Crown Street Hall, Lowestoft.
Needham	Mr. G. F. Sutton	Ivydene, Needham Market.
Oulton	Mr. J. G. Round	16, Colville Road, Lowestoft.
Saxmundham	Mr. E. G. Guy	Rendham Road, Saxmundham.
Stowmarket	Mr. V. P. Denne	Crown Street, Stowmarket.
Stradbroke	Mr. J. F. Davison	Hill Crest, Stradbroke.
Wickham	Mr. H. C. Taylor	Plomesgate House, Wickham Market.
Woodbridge	Mr. A. B. Creasy	New Street, Woodbridge.

V.

Vaccination.

The figures in the vaccination tables are always one year behind that of the report. Each year shows a decline in the number of children vaccinated; in 1937 (the year with which this report deals) the lowest proportion is recorded—39.9, a fall of 1.8 per cent. on 1936, and a bigger reduction than the previous year. In the six years there has been a gradual decline in the proportion of children vaccinated, with no fluctuation, and a total fall of 6 per cent. over that period.

No doubt the absence of Smallpox in the country and the quick control of the virulent type of disease, when on rare occasions it is imported, is sufficient evidence of safety, and stimulates parents to obtain certificates of exemption, which avoids the inconvenience of a vaccinated baby. This is natural and is, I think, commoner amongst the poorer members of the community. The time will come when vaccination will no longer be compulsory and avoided only by statutory declaration, but merely a matter of choice.

Lowestoft, as ever, has the lowest percentage of vaccinated babies—this has fallen from 9.0 in 1936 to 8.4 in 1937. At Stowmarket the percentage was precipitated from 40.0 in 1936 to 26.5 in 1937. At Felixstowe which is usually low, the percentage has slightly risen. In some other districts the percentage is higher—Wickham is 69.9, Saxmundham 64.6, Capel 60.3 and Oulton 42.8; the other districts show little change.

In the administrative County (excluding Lowestoft), just over half the babies were vaccinated.

If at any time an outbreak of mild Smallpox arose (it was present in the country some 10 years ago), vaccination would become temporarily popular, but nothing short of this is likely to influence the decline of this most striking and successful accomplishment of preventive medicine which has saved innumerable lives and scotched for ever the hideous disfigurement which at one time marked the faces of those who survived Smallpox for the rest of their days.

TABLE XXII.

	1932.	1933.	1934.	1935.	1936.	1937.
Percentage of children successfully vaccinated....	44.6	42.5	42.1	41.6	40.3	38.9
Percentage successfully vaccinated, excluding those who died un- vaccinated .....	.... 46.0	44.0	43.6	42.7	41.7	39.9

TABLE XXIII.

VACCINATION — ADMINISTRATIVE COUNTY — YEAR 1937.

Registration Sub-District.	Total births registered.	Successfully vaccinated.	Insusceptible of vaccination.	Had small-pox.	Number of declarations from conscientious objectors.	Died unvaccinated.	Postponed by medical certificate.	Removed to other districts, the Vaccinating Officer of which has been appraised.	Removed, address unknown.	Percentage successfully vaccinated.	Excluding those who died unvaccinated. Percentage successfully vaccinated.
Beccles	238	129	—	—	102	5	—	2	—	54.2	55.4
Capel	145	85	1	—	51	4	—	—	4	58.6	60.3
Eye	171	97	1	—	65	5	—	3	—	56.7	58.4
Felixstowe	210	66	—	—	128	6	—	1	—	31.4	32.4
Halesworth	130	72	—	—	51	7	—	—	—	55.4	58.5
Lowestoft	708	58	1	—	595	16	—	3	1	8.2	8.4
Needham	157	54	—	—	94	8	—	1	—	34.4	36.2
Oulton	237	98	1	—	125	8	2	2	1	41.4	42.8
Saxmundham	193	122	1	—	64	4	—	—	2	63.2	64.6
Stowmarket	164	43	2	—	115	2	1	—	1	26.2	26.5
Stradbroke	107	65	—	—	40	—	—	—	1	60.7	60.7
Wickham	138	95	3	—	31	2	—	5	2	68.8	69.9
Woodbridge	206	107	1	—	83	4	2	2	4	51.9	53.0
Total	2804	1091	11	—	1544	71	5	19	16	33.9	39.9

ADMINISTRATIVE COUNTY EXCLUDING LOWESTOFT.

Total ...	2096	1033	10	—	949	55	5	16	15	49.3	50.6
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Vaccination.

NAMES AND ADDRESSES OF PUBLIC VACCINATORS.

Aldeburgh	Lloyd, W. J., East Hill, Lee Road.
Alderton	...	...	Lund, G. S.
Beccles	...	...	Grantham-Hill, C., Market Street.
Bungay	...	...	Cane, L. B., 19, Trinity Street.
Botesdale	...	...	Ward, K. L., The Homestead.
Brockford	...	...	Aveling, L. B., Bridge House.
Coddenham	...	...	Addison, E. A.
Debenham	...	...	Henry, H., The Sycamores.
Earl Soham	...	...	Vincenzi, J. E. G., Red House.
East Bergholt	...	...	McBride, J. R. B., Rowan House.
Eye	...	...	Weir, A., Hill House.
Felixstowe	...	...	Giuseppi, P. L., "Trevose."
Framlingham	...	...	Craig, D. M., The Haynings.
Fressingfield	...	...	Hutley, W. C., Oaklands.
Great Yarmouth	...	...	Anderson, A. S. K., 1, Marine Parade, Gorleston-on-Sea.
Halesworth	...	...	Cursham, A., Market Place.
Harleston (Norfolk)	...	...	Wade, E. W., The Beeches, London Road.
Holbrook	...	...	Crosbie, P. L., The Beeches.
Hoxne	...	...	Sheehan, W. J., The Firs.
Ipswich	...	...	Fryer, W. F., 11, Fore Street. Knight, W. C., 10 Fonnereau Road.
Leiston	...	...	Burlingham, A., Aldeburgh Road.
Lowestoft	...	...	Barraclough, H. C., 381, London Road South. Boswell, D. W., Tudor Lodge.
Needham Market	...	...	Ranson, W. R., Burnley House.
Orford	...	...	Baron, H. N., The High House.
Otley	...	...	Mayer, J. L., Gaza.
Peasenhall	...	...	Stephen, N. M., Brookdene.
Saxmundham	...	...	Collins, E. A., The Chantry.
Southwold	...	...	Borham, J. D., Wymering House.
Stowmarket	...	...	Gaskell, H. S., The Corner House. Hill, J. P., The Limes, Ipswich Road.
Stradbroke	...	...	Biddle, H. G., The Cottage.
Wangford	...	...	Wight, C. H.
Wickham Market	...	...	Keer, J. C., Claremont House.
Woodbridge	...	...	Crawford, W. W., Cumberland House.
Woolpit	...	...	Stevens, N., The Street.
Wrentham	...	...	Bracewell, C. H.
Yoxford	...	...	Marriott, F. K., The White House.

Registration Sub-District. Name of Vaccination Officer.

Beccles	...	...	Mr. H. R. Hadingham, Hungate House, Beccles.
Capel	...	...	Mr. F. J. Barry, Capel St. Mary, Nr. Ipswich.
Eye	...	...	Mr. N. Billings, Lambseth Street, Eye.
Felixstowe	...	...	Mr. H. G. Meadows, Cowley Road, Felixstowe.
Halesworth	...	...	Mr. H. W. Bond, Brook Street, Yoxford.
Lowestoft	...	...	Mr. A. Jarrold, Crown Street Hall, Lowestoft.
Needham	...	...	Mr. G. F. Sutton, Ivydene, Needham Market.
Oulton	...	...	Mr. J. H. Round, 16, Colville Road, Oulton Broad.
Saxmundham	...	...	Mr. E. G. Guy, Rendham Road, Saxmundham.
Stowmarket	...	...	Mr. V. P. Denne, 2, Crown Street, Stowmarket.
Stradbroke	...	...	Mr. J. F. Davison, Parkfield, Stradbroke.
Wickham	...	...	Mr. H. C. Taylor, Plomesgate House, Wickham Market.
Woodbridge	...	...	Mr. A. B. Creasy, 105, New Street, Woodbridge.

VI.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supplies.

Applications for grants under Section 309 of the Public Health Act, 1936, have continued, and the County Council has been active in helping schemes from District Councils, both financially and by advice; it is sometimes found that schemes are incomplete and a small extra expenditure achieves the necessary additions.

Samford R.D.C.—In the report for 1935 attention was drawn to a scheme for providing a piped supply for East Bergholt; no particulars were then given. At the end of 1937 Samford R.D.C. decided to enlarge the scheme and to expend £1,650 over the original £3,750, making a total of £5,400; £400 was owing to a rise in the cost of material, but the bulk was to extend the main. Later on (in 1938), shortly after the completion of the enlarged scheme, a further small extension was proposed. The cost of this was under £300 and it was to serve 17 cottages which had a poor water supply; the County Council agreed to this extension. The large parish of East Bergholt now has a good supply—the well yielded 2,000 gallons an hour on testing for a period of 14 days. There is a storage capacity of 10,000 gallons.

Eye M.B.—This small Borough has had more than its share of ill-fortune in carrying through its water scheme. A bore was sunk on the North side of the town but unfortunately out of perpendicular and it had to be abandoned; another bore was driven, but water was not reached until 300-ft. and then running sand made it useless. This not only delayed the scheme but caused fruitless expenditure. It was then decided to go South of the town—this venture was successful and a good water supply found at a depth of about 150-ft. It is a most unhappy chance that the Borough, with its small resources, should have met such adverse circumstances.

Hartismere R.D.C.—In my last report I referred to a large water scheme which had been devised and had actually been put in hand, though no application for grant had been received from the District Council by the County Council. An application for grant was made shortly after this. I gave details of the proposed scheme in my report last year but as it has been altered I give the final details here:—

The largest scheme is the Eastern area; this supplies the parishes of:—

Athelington	Stradbroke
Brundish	Syleham
Fressingfield	Weybread
Horham	Wilby
Laxfield	Wingfield
Metfield	Worlingworth
Southolt	

The village of Tannington which was originally included, was cut out of the scheme by the Ministry.

The Western area includes the parishes of:—

Bacton	Westthorpe
Cotton	Wyverstone
Finningham	Botesdale
Gislingham	Rickinghall Superior

Originally, Rickinghall Superior and Botesdale were to be served separately, but it was found convenient and better to combine these two villages with the other six.

The parish of Palgrave has a bore of its own with a main standpipe supply.

Borewells and hand pumps have been installed at:—

Mellis	...	...	6-in.
Mendlesham	...	...	8-in.
Burgate	...	...	6-in.
Wickham Skeith	...	...	6-in.

The bore at Brome which was originally included, was considered unnecessary by the Ministry.

The total cost of the scheme was estimated at £107,272; the supply of water was fixed at 15 gallons a head a day in Laxfield and Stradbroke and 10 gallons elsewhere. The Eastern area is to be supplied by duplicate bores at Syleham with a main reservoir and pumping station, and a softening plant. The Western area is to be supplied by duplicate bores with a reservoir and a pumping station at Rickinghall.

This large comprehensive scheme was found to require small additions. In the Eastern area a short pipe line of 180 yards was wanted at Fressingfield to serve some Council houses and a police house. At Bedfield, a bore had recently been sunk and had failed to produce the necessary supply, and it was essential that the Worlingworth pipe line should be extended to serve the village. In the Western scheme there was a lack of a piped supply to a number of Council houses which were close to the main. The County Council recommended these additions should be provided; the R.D. Council replied giving their reasons why the alterations should not be carried out. However, in 1939, they agreed to the additions to the scheme recommended by the County Council.

Deben R.D.C.—Three water schemes were promoted in the Deben area, serving 7, 9 and 6 parishes respectively. The original plan, however, has been discarded and the three schemes have been united to serve the 22 parishes.

Blyth R.D.C.—The combined scheme for Framlingham and Saxtead, mentioned in my report for 1937, was approved for grant in 1938.

Bungay U.D.C.—The scheme for extending the main at Bungay was mentioned in my report last year; this was approved for grant in 1938.

Gipping R.D.C.—The scheme for Barham and Henley is an extension of the Ashbocking scheme. Three-inch mains are taken 4 miles to serve a population of about 235, inhabiting 64 houses and three farms. The water supply was badly wanted for these houses, which were served by shallow wells and ponds. A supply of about 13 gallons a head is available at a cost of £2,410. This scheme was eminently suitable and was approved for grant.

Public Health Act, 1936, Section 309.

Applications for grants under Section 309 of the above Act, from the District Councils in the area, dealt with during 1938:—

Improvement in Water Supplies.

DISTRICT COUNCIL.	PARISHES CONCERNED.	Suggested extension of, or addition to, existing water supply, and proposed cost.	Whether grant allowed.
BLYTH R.D.C.	Framlingham and Saxtead ...	Improvement and extension, borehole, storage, reservoir and mains, £11,425	Yes.
BUNGAY U.D.C.	Bungay	Extension of existing main, £348 ...	Yes.
GIPPING R.D.C.	Barham and Henley	Extension of existing main, £2,410 ...	Yes.
HARTISMERE R.D.C.	Bedingfield, Rishangles, Thorndon and Wetheringsett-cum-Brockford ...	New public supply, bore wells (6) and hand pumps, £1,731 19s. 11d.	Yes.
HARTISMERE R.D.C.	Athelington, Brundish, Fressingfield, Horham, Laxfield, Metfield, Southolt, Stradbroke, Syleham, Weybread, Wilby, Wingfield, Worlingworth, Bacton, Cotton, Finningham, Gislegham, Westhorpe, Wyverstone, Botesdale, Rickingham Superior and Palgrave ...	New public supply, pumping stations, mains and standpipes, £94,839 4s. 3d.	Yes.
WAINFORD R.D.C.	Spexhall and Westhall ...	New public supply, bore and hand pump at Spexhall (near the Church), £260 ... Well and pump at Westhall (near the Church), £155.	Yes.

Sewage Disposal.

Blyth R.D.C.—For many years the sewerage works at Framlingham have been incapable of dealing properly with the sewage that goes to them. Despite this, the R.D.C. wished to extend the existing sewer to serve 24 Council houses and a new school. It was estimated that this would entail the addition of 3,000 gallons of sewage daily for the Works. Analyses showed that the sewage entering the works had an impurity figure of 99.5, and that the effluent which entered a small stream had an impurity figure of 76.6. A sewage effluent with an impurity figure of more than 10.0 per cent. should not enter a stream; the effluent from the Works was little more than crude sewage, and I held the opinion that it would not be proper to put a further burden upon the already inadequate sewerage system unless this was vastly improved. Later the District Council enquired whether, if

the proposed extension scheme was carried out prior to the improvements at the sewerage works, a contribution would be given towards the cost. I advised that the County Council should agree to contribute towards the cost of the District Council's scheme on condition that an undertaking was given to provide, within three years, an efficient sewage disposal works for Framlingham, to the satisfaction of the County Council, and that a grant towards the present proposals should not be paid until the sewerage works were established. The District Council stated that it was their intention to provide efficient sewage disposal works for Framlingham within three years, and on this the County Council made a grant; there is no guarantee that the works will be provided within three years—the sewers are dealing with more sewage than before, and the County Council is contributing to the extension. The County Council is thus placed in an unfortunate and unsatisfactory position.

Hartismere R.D.C.—The scheme which provides Stradbroke with sewerage works was referred to in my report for 1937; the scheme then devised was not altogether satisfactory and alternative proposals were made. The scheme was considered by the Ministry's Inspector and all the defects in the original scheme were eliminated. They were:—

1. Laying of sewerage in private land instead of the road.
2. Laying of sewers so shallow that a number of cottages on one side of the road would not be served and if houses were erected upon potential building land they could not be connected with the sewer.
3. Exclusion of certain Council houses which required a sewer.
4. The method of dealing with the sewage; the original proposal was to rely upon land filtration, but as this was heavy clay the scheme was unsuitable; sedimentation tanks and bacterial filters were substituted for the original broad irrigation system.

The alterations made the scheme a good one and it was recommended for grant.

Public Health Act, 1936. Section 309.

Application for grants under Section 309 of the above Act, from the following District Councils, were dealt with during 1938:—

Improvement in Methods of Sewage Disposal.

DISTRICT COUNCIL.	PARISHES CONCERNED.	Suggested scheme and proposed cost.	Whether grant allowed.
BLYTH R.D.C.	Framlingham	Extension of Sewer, £1,200	Yes.
BUNGAY U.D.C.	Bungay	Extension of Sewers, £526	Yes.
HARTISMERE R.D.C.	Stradbroke	Sewerage and Sewage Disposal Works, £6,546 9s. 2d.	Yes.

VII.

Housing.

It seems incongruous to write this chapter of the report when war is upon us and all the energy and time given to housing inspections, reports and enquiries seem wasted, or if not entirely wasted, have lost much of their point by the inevitable postponement of action for an indefinite period. If the wheels of Local Government did not run so slowly on the lines of housing—and no one can doubt that this is so when the supervising authority has to urge the executive to action—then the many rotten houses in Wainford which still provide a roof for the unfortunate tenants, would have been pulled down long ago and replaced by healthy dwellings. The war has put an end to housing progress for a long time to come, and now a report can only be given upon what has happened. Wainford was inspected during 1936 and 1937, and by April of the last year the Wainford Committee had before them the full report of the County Sanitary Officer.

In my last report I was optimistic about the results which the work of the County Sanitary Officer was likely to effect, but here I was misled by the reports from the District Council upon the situation. This became evident after the Housing Register and notices were examined by the County Sanitary Officer.

The County Officers recommended the demolition of 251 houses, but demolition orders were issued by the Rural District Council for 77 only. No action had been taken for 24 houses, the question of demolition was deferred because of the possible re-conditioning of 18 houses; consideration was adjourned in the case of 10 houses, and repair notices had been served in the case of 122 houses.

The action of serving notices upon the owners of these 122 houses was a serious matter, as demolition had been regarded as the proper and only course, and therefore it was essential to find out what repairs had been demanded and whether the demand had been met.

The County Sanitary Officer compared the repair notices with his own records and found that of the 122 houses, 111 notices were inadequate, some remarkably so. The notices were not complied with in 50 per cent. of the houses of which we had information.

It was obvious that the district Council were not dealing with the housing situation effectively, and they were so reluctant to demolish unfit houses as to be content to issue repair notices which, if complied with, would only render 11% of the houses fit; fortunately perhaps, many landlords ignored the notices.

Such a state of things at least demanded an enquiry and the County Council, under Part IV., Section 169 of the Housing Act, 1936, took the necessary action and caused an enquiry to be held. This enquiry was held on the 17th February, 1939. The Counsel acting for the District Council stated that this was the first enquiry of its kind in the Country. There had only been one enquiry before and this was instituted because of the formal complaint of a number of ratepayers that a Rural District Council had failed in its housing duties, and this being so, the County Council concerned had perforce to hold an enquiry. Hence the East Suffolk County Council was the first in the country to hold an enquiry on its own initiative.

The result was the postponement of the enquiry for a year in order to give the District Council further time to carry out their duty which they had neglected to perform. This is how the matter now stands.

The war has put an end for an indefinite period to housing progress, and the procrastination of the Rural District Council has rendered the efforts of the staff of the Public Health Department of little use.

The housing inspection that was begun in Blyth in 1937 was continued in 1938, and the same procedure was adopted as in Wainford. Two parishes, Heveningham and Walpole were inspected completely; this was in 1937. In the other parishes, houses were inspected only when the County Sanitary Officer decided that from the outward appearance they were likely to prove unfit.

In 1938, 19 parishes were dealt with in this way. The 21 parishes inspected form roughly the Northern half of Blyth. The standard of housing generally was not very dissimilar to that of Wainford, for the standard here is also low.

The area inspected contained 2,134 houses; 672 of these were inspected and 300 were found unfit and incapable of being made so at a reasonable cost so that 14.1 per cent. of the houses were in this state. In Wainford the percentage of unfit houses was 14.9 so that in this respect there is little to choose between the two districts. The low standard of housing was accompanied by a low rental and a poor community; a vicious circle, only to be broken by the provision of new houses by the Rural District Council and the demolition of the bad cottages. The District Council have made an effort to improve matters and had at the time of the report on the matter, built 124 houses. A large number of houses have been improved under the Housing Rural Workers Act—87 in all, but many could not be turned into decent houses and should not have been accepted. They are still unfit and require demolition; there they stand, and no doubt will long continue to do so; an example of the failure of the Housing Rural Workers Act.

It is somewhat remarkable how rare overcrowding is in rural areas. Blyth is no exception; this is a most satisfactory feature of the housing conditions of Blyth, for overcrowding has a more serious effect on health than unfit houses.

To obtain good supplies of water in Suffolk is often difficult, and in Blyth the absence of a wholesome supply within a reasonable distance, is a common fault which has been little relieved by the windmill pumps which have been set up in many places in the rural district.

Privy middens still exist in Blyth, and it is high time that all were done away with.

Drainage in the modern sense does not exist in any of the villages inspected, and there was a general lack of collection and disposal of rubbish. Water courses were seriously polluted in Bramfield, Peasenhall, Sibton and Yoxford.

A summary of those houses found unfit, those erected by the Council and those reconditioned in the several parishes are given below.

TABLE XXIV.

DISTRICT.	TOTALLY UNFIT HOUSES.				PARTIALLY UNFIT HOUSES.		OVERCROWDING.	NEW HOUSES.						
	No. of houses known to be unfit for human habitation or otherwise requiring to be demolished on 31.12.37.		No. of totally unfit houses demolished during period 1.1.37-31.12.37	No. of unfit houses in respect of which undertakings have been accepted during 31.12.37.		No. of houses not in all respects reasonably fit, rendered habitable during period 1.1.37-31.12.37.		No. of houses known to be in all respects fit for human habitation on 31.12.37	No. of cases of overcrowding abated by		No. of new houses erected by the Local Authority during period 1.1.37-31.12.37.			
				To render the house fit for human habitation	Not to use the house for human habitation until it has been rendered fit.				(a)	(b)	(a)	(b)	(c)	
	Occupied	Un-occupied						Occupier finding other accommodation	Houses provided by Local Authority.	To re-place unfit houses for Agricultural Workers	To abate overcrowding for Agricultural workers	Others.	To meet normal expansion of population	No. of new houses contemplated for erection in the year ending 31.12.38.
Blyth R.D. ...	91	2	24	—	3	155	240	10	—	42	10	—	2	46
Deben R.D. ...	172	4	22	2	1	24	43	5	25	38	16	6	—	79
Gipping R.D. ...	14	—	—	—	—	58	—	24	4	—	—	—	4	40
Hartismere R.D.	196	25	24	—	7	199	41	57	7	85	—	—	—	167
Lothingland R.D.	4	2	11	2	—	2	41	2	4	—	—	4	12	22
Samford R.D. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wainford R.D.	160	6	4	12	3	801	5	33	3	4	—	—	—	140
TOTALS ...	637	39	85	16	14	1239	370	131	43	169	26	10	18	494

The return made by the District Councils is still a year behind and deals with the housing situation of 1937. Samford have been unable to make this return despite the late date of this report.

The table is not a replica of that of last year, but it shows that there was more activity in 1937 than in 1936. Though Samford has made no return this year, in 1937 there were 224 new houses built compared with the meagre figure of 56 for the year before; this is the most significant figure of the table. There can be no doubt about a house that is built, but a house said to be rendered habitable may still be unfit for habitation.

There has been a big increase in the number of partially unfit houses known; but little change in the totally unfit. The number of houses contemplated for erection in 1936 is double that for 1937, overcrowding is not a problem of magnitude; but 362 houses in all the Rural Districts are still in this state and on the credit side only 36 houses have been built to relieve overcrowding—rather slow progress.

Blyth. Twenty-four houses only were demolished, but no other Rural District demolished more, which cannot be put to the credit of Blyth, but to the discredit of all. Blyth knew of a large number of houses that were partially unfit for habitation and were only surpassed by Hartismere in this. It is recorded that 240 houses were rendered fit during the year, which is far more than all the other Rural Districts put together. This shows evidence of housing activity, but I think it is possible that some of those houses stated to be rendered fit would probably, in my view, be unfit houses. 54 houses were built, showing that housing is progressing in Blyth.

Deben.—Although 187 houses were known to require demolition in 1936 and 176 in 1937, only 22 actually were demolished—one eighth of the total. Very few houses, only 24, were known by the Council to require attention to make them fit, and I suggest that systematic housing inspection would increase these figures very materially. The number rendered fit—43—is far below what I should expect. The number of overcrowded houses is comparable with those of other districts. Deben has abated a considerable number, mainly by building; 61 new houses have been built, not a high figure but higher than any except Hartismere.

Gipping.—Gipping appears, according to the figures submitted, to have been a somewhat lethargic housing authority; 14 houses only were known to be unfit for habitation. I warrant I could find more than 14 houses of this sort in the Rural District of Gipping in the course of a Summer day. No houses were demolished or rendered fit. Only 58 houses were known to be unfit in some respects.

Overcrowding is not present to a great extent, and much has been relieved, mostly by alternative accommodation. Only four houses were built and it was only planned to build 40 in 1938. This record appears to me to denote a general lack of knowledge of the housing conditions in the area with a consequent lack of action.

Hartismere.—The Rural District has recently been an active Housing Authority. Many houses have been demolished and many built to replace them. The figures show that the Officers have been busy and the Council is aware of the conditions. Overcrowding exists and has been tackled mainly by the provision of other accommodation and not by new

building. Eighty-five new houses were built during the year and it was expected that 167 would be built in 1938—an ambitious programme.

Lothingland.—I regard the figures given for Lothingland with suspicion. Six houses only were known to be unfit for human habitation; it is unbelievable that in the Rural District there were only six such houses, and I can only suppose that either the standard accepted in this area is incredibly low or that inspections are not carried out. Another impossible figure is that given of the number of houses known not to be, in all respects, reasonably fit for habitation; two only in the whole of Lothingland. This figure could be multiplied by 100 and be far nearer to the truth; in fact, it seems to me that the only reliable figures are those relating to the building of new houses—16 in all. This district requires a detailed inspection by the County Sanitary Officer and had peace been maintained in 1939 it certainly would have received it.

Samford.—No return.

Wainford.—The figures in Wainford for 1937 are so different from those of 1936 as to be extraordinary. This is explained, of course, by the attention given to the housing of Wainford by County Officials. Here, indeed, the figures given really represent the actual state of affairs. The return shows that 967, or well over half the houses in the area, were either entirely or partly unfit for habitation. Before the County Council made the inspection of Wainford, the comparable figure for 1936 was five which, of course, was both worthless and misleading.

Housing (Rural Workers) Acts, 1926 to 1938.

The following are the usual requirements :—

- A horizontal slate damp proof course.
- Adequate window area, with sufficient area to open.
- Through ventilation, for all bedrooms.
- One bedroom at least to have a fireplace.
- No floor space below ground level.
- Rooms of a sufficient height.
- An available water supply or underground storage tanks for rain water.
- Sink and washing copper.
- Adequate Paving.

Statement showing class of cottage approved for assistance during 1938 :—

Two-bedrooms	13 cottages
Three-bedrooms	23 cottages
Four-bedrooms	1 cottage
Total number of applications	26 (without one or more cottages).
Number of applications approved	19
Number of cottages involved....	37

Analysis of working done during 1938 :—

Provision of water supply	11
Reconditioning work	61

Total number of dwellings concerned since 1931 :—

1931	83	1935	152
1932	30	1936	146
1933	101	1937	79
1934	105	1938	63

There has been a further reduction in the number of houses improved by means of this Act; this is possibly because close attention has been given to every dwelling put forward by property owners. During the last two years every house accepted for alteration by the County Council has been one worthy of preservation and one which should continue to remain a useful dwelling during the period of the loan; this is a proper interpretation of the intentions of the Act, and as this has become recognised by property owners and the architects employed by them, there has been a reduction in the number of applications; this policy has been economical and has stopped the reprieves of worn out houses which, despite some improvement, could never last the period of the loan.

Another cause of the reduction may be that owners have realised that by means of the Housing (Financial Provisions) Act, 1938, Section 3, they can, subject to the approval of the D.C., by means of a grant, provide at a reasonable cost a new cottage, which is more satisfactory to tenants and advantageous to themselves.

Table XXV. shows a gradual decrease in expenditure of recent years. In 1935 there was an advance of £11,398 over 1934; in 1936 over 1935, £13,446; in 1937 over 1936, £6,307; and in 1938 over 1937, £6,124.

In Blyth during a recent housing inspection by County Officials, some samples of houses patched up under the Act were observed, but despite the alterations they were still unfit houses ripe for the housebreaker.

TABLE XXV.

Progress of Scheme approved by the Minister of Health under the Housing (Rural Workers) Acts, 1926, and 1938.
Position at 31st December, 1938.

ASSISTANCE BY WAY OF GRANTS BY THE COUNCIL.

Purpose for which assistance required. (1)	Number of dwellings in respect of which applications for grants have been :—			Assistance promised by the Council :—		Assistance given by the Council :—		Number of dwellings :—	
	Made to the Council. (2)	Refused by the Council. (3)	Withdrawn by applicants. (4)	Total Amounts of grants promised. (5)	Number of dwellings concerned. (6)	Total Amounts of grants paid. (7)	Number of dwellings concerned. (8)	On which work has been finished. (9)	On which work has been commenced but not finished. (10)
(i) Conversion of buildings not previously used as dwellings into dwellings	49	6	14	£ 2,808 . 4 . 0	29	£ 2,808 . 4 . 0	29	29	—
(ii) Improvement of existing dwellings	1,205	105	173	70,749 . 6 . 3	906	65,975 . 3 . 0	859	865	10
Total at end of year: 1938	1,254	111	187	73,557 . 10 . 3	935	68,783 . 7 . 0	888	894	10
1937	1,198	100	157	70,885 . 11 . 9	908	62,659 . 7 . 10	824	829	35
1936	1,096	89	136	63,971 . 11 . 1	837	56,352 . 5 . 11	757	762	50
1935	978	66	80	58,203 . 10 . 2	776	42,906 . 3 . 11	607	607	67
1934	779	5	79	42,469 . 5 . 7	578	31,508 . 11 . 2	455	461	54

VIII.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

The County Council has continued the policy of examining 100 samples of milk for tuberculosis at the County Laboratory each year. During 1938 104 samples were examined and of these, 1 was found to contain tubercle bacilli. The following table gives particulars for the past 12 years:—

TABLE XXVI.

Year.	Number of samples tested.	Tubercle bacilli absent.	Tubercle bacilli found.	Percentage of samples found to contain tubercle bacilli.
1927	33	31	2	6.0
1928	88	84	4	4.5
1929	106	105	1	.9
1930	103	101	2	1.9
1931	106	103	3	2.8
1932	106	99	7	6.6
1933	101	96	5	4.9
1934	102	95	7	6.9
1935	102	101	1	1.0
1936	100	99	1	1.0
1937	86	84	2	2.3
1938	*104	103	1	1.0
Total	1104	1070	34	3.1

* 18 of these were taken by the Veterinary Officers before the County Sanitary Officer took over the collection on the 1st April, 1938.

Again milk examined for the presence of tubercle bacilli had a very low percentage of infection, a condition which has persisted for the last four years. It is significant that the change coincided with the appointment by the County Council of Veterinary Surgeons. Though to begin with I was chary of attributing the alteration to the new service, for chance has a way of stepping in and making hay of conclusions when these are drawn from statistics of a year or two, I think, that with the experience of four years' work it would not be too venturesome to suggest that the difference is owing to the veterinary service; the improvement is very marked, for until the end of 1934 the average percentage of milk examined and found to contain tubercle bacilli was 4; since that time it has been 1.3—a vast difference.

The value of the service is not only the elimination of affected cows in the course of inspections, but also the education of the milk producers to the danger to the herd of keeping an infectious cow in it, let alone to the danger to the consumers; in addition, the producer recognises that the visit of the Veterinary Surgeon will result in the immediate slaughter of a grossly affected animal, and that there is no profit to be had by keeping the beast a little longer; and so he is inclined to arrange the slaughter himself. All these factors have, I believe, led to the low incidence of milk containing tubercle bacilli in the County.

- (1) Sample taken by Veterinary Officer during 1937 (but investigation carried out in 1938), and found to contain tubercle bacilli:—

Number of cows in herd 5
 Number of samples taken 1 bulk (3 cows)

One animal was condemned under Tuberculosis Order a few days after the original infected sample was taken. P.M. examination showed advanced tuberculosis.

The bulk sample proved negative.

- (2) Sample taken in neighbouring Borough and found to contain tubercle bacilli. Milk supplied from farm in this area.

Number of cows in herd 22
 Number of samples taken 1 individual and
 5 group.

All samples except 1 bulk sample were found to be negative.

The four cows concerned in the positive sample were inspected again and individual samples taken.

One sample proved positive, the animal was slaughtered and P.M. examination revealed advanced tuberculosis.

- (3) As in (2), but milk supplied from two farms in this area.

Farm (a)—Number of samples taken 2 bulk

Both samples proved negative.

Farm (b)—Number of samples taken 3 bulk and one
 individual.

All samples except 1 bulk sample proved negative.

The four cows concerned in the positive sample were inspected and 1 was found to be suffering from Tubercular Mastitis. (Positive as microscopical and on P.M.).

Samples from the 3 other cows were negative.

TABLE XXVII.

DISEASES OF ANIMALS ACTS (1894–1925).

Tuberculosis Order, 1925.

The Diseases of Animals Act is administered by a Joint Committee for East and West Suffolk; the figures in the table below relate to the administrative County of East Suffolk only:—

ANALYSIS OF COWS SLAUGHTERED.

Year.	Tuberculosis of Udder.	Tuberculous emaciation.	Other Tubercu- lous conditions.	Not affected with Tubercle.	Total.
1935 ...	50	21	84	1	156
1936 ...	45	36	82	—	163
1937 ...	34	25	125	—	184
1938 ...	9	9	28	1	47*

*The administration of the Veterinary service of the County Council ceased on the 1st April, 1938, and from that date the Ministry of Agriculture and Fisheries assumed control. The figures given, therefore, only relate to the first quarter of the year; they correspond, however, proportionately with the figures for previous years. In future, no further particulars will be available for action taken under the Tuberculosis Order, and the table will not be included again.

The Milk (Special Designation) Order.

The Officers of the Sanitary Department have given, as usual a large amount of their time to the duties involved by this Order. The staff changed to some extent; until the Autumn of the year the Council had employed a man whose duties were entirely confined to collecting samples of milk for examination, his only qualification being previous experience with the Milk Recording Society. He resigned his post, and it was necessary to make further arrangements for collecting milk. It was decided that the most profitable manner of doing this was to appoint a third Sanitary Officer, and to divide the collection of milk samples between the two junior Sanitary Officers. In this way the Official qualified to inspect cowsheds and dairies and the method of the production of milk, was visiting farms to collect samples, and was able to call the attention of the producer to anything that required it, and could report to the Chief Sanitary Officer any fault that warranted correction.

Experience shows that the new appointment has promoted efficiency; curiously a saving was made, but only because the new Junior Sanitary Officer was working before in the School Medical Department, and when he left it he was replaced by a Clerk at a smaller salary.

The Sanitary Department has had to work hard to keep the producers up to the standard which is required by the Order, and though the Chief Sanitary Officer is satisfied that the methods of production were better than in 1936, this is not borne out by the results of the examination of the samples.

In 1938 the percentage of bad results was higher than in 1937; it rose from 8.5% to 16.7%. August and September of this year were unfortunate months for producers and if these months were excluded from both tables, the figures for the two years would not be very divergent.

Temperature has of course, a very great influence upon the results, for in winter it is quite possible to produce milk in a dirty way and which will pass the recognised tests; in the summer the sinner is nearly always found out. It is obviously far more difficult to produce milk to pass tests in summer than in winter, despite the fact that more latitude is given to summer milk in the Methylene Blue Reduction Test, though summer milk is no dirtier than winter milk, probably the reverse; for in the winter the cows are often milked and cleansed in badly lighted sheds and are more likely to be filthy. It is certain that there is no satisfactory method of gauging the cleanliness of milk, and the tests are unfair. Methods of production should be the only criterion, but this would place too much of a responsibility upon the inspecting official.

Tuberculin Tested Licence.

The number of licences in force has increased from 13 to 23. The table which gives the number of examinations, the unsatisfactory samples and the percentages, is not of much value, because of the small numbers dealt with, but here again there is a tendency for the milk to fail more often in the summer months than in the winter.

Food and Drugs.

Three hundred and twelve samples were taken this year compared with 382 in 1937. Actually the number of samples allowed in the financial year is 350 for East Suffolk and 150 for Lowestoft, and the discrepancy in the number of samples that has been taken and should have been taken is explained by the fact that this report deals with the calendar year and the number of samples allowed are linked with the financial year.

Table XXVIII shows how rarely samples of food are found to be unsatisfactory and how commonly samples of milk are; this is because the cow is a very uncertain animal which may give milk with a varying fat content, and each cow, of course, differs in this respect from the next; though there is a standard amount of fat which milk must contain to comply with the Law, nevertheless it is a good defence to plead that the milk is in the same condition as it was when it left the cow; therefore every sample of milk that is found to fail has to be followed up with a visit to the farm for another sample of milk and if the milk is then found to be deficient in fat, as it was at the first examination, no case can be taken. Milk is sampled to discover if water has been added or fat removed and in the majority of cases it is obvious that there has been no fraud of any sort, and owing to the breed or food, the milk of the herd has a lower fat content than that specified in the Sale of Milk Regulations.

Only three of the thirty-six non-genuine samples of milk showed evidence of added water. In one case 10% of water was added to the milk. The vendor was fined £12 and costs for this was a second offence and a further £5 for preventing the Council's officer from taking a sample. In the second case, though the Analyst reported 7% of water added, he advised against prosecution so no action was taken. In the third case a sample was taken from two churns on one farm, one with 13% and the other 9% added water. This was the second conviction and the offender was fined £5.

Three of the food samples were not genuine. Vinegar was purchased as malt vinegar and was found to be artificial vinegar; no proceedings were taken because the vendor expressed doubts whether the vinegar she was supplying was what was asked for.

Potted meat was examined and found to contain 9.6% starchy matter; the vendor was convicted and for some unknown reason no fine was imposed.

Ginger wine which was found to contain 634 parts per million of benzoic acid was collected in Lowestoft. The Lowestoft Borough Council issued a warning after the manufacturer had withdrawn the consignment from the shops in the town.

Milk (Special Designations) Order.

REPORT OF COUNTY SANITARY OFFICER.

Accredited Milk.

Number of applications received during year	...	...	24
Number of visits paid to farms (pre licence)	...	...	156
Number of routine visits paid (after licences issued)	...	...	1,205
Number of accredited licences in force at end of 1937	...	...	296
Number of new licences issued during 1938	...	...	22
Number of licences in force at end of 1938	...	...	280
Number of licences discontinued	...	...	19
Number of producer-retailers (included in total)	...	...	22
Number of licences suspended during 1938	...	...	20
Number of suspensions revoked after due compliance	...	...	10

The following are particulars of routine milk samples collected and examined during the year:—

Total number taken	...	...	...	...	1,382
Number found unsatisfactory	...	...	...	...	231
Percentage of unsatisfactory samples	...	...	...	...	16.7

Month.	1937.			1938.		
	Total	Unsatis.	Percentage	Total	Unsatis.	Percentage
January	146	2	1.0	55	5	9.1
February	106	7	6.6	122	14	11.5
March	138	9	6.5	155	15	9.7
April	163	11	6.1	94	5	5.31
May	139	15	10.8	133	8	6.0
June	149	13	8.7	92	7	7.6
July	157	37	23.5	103	10	9.7
August	133	19	14.3	104	54	51.9
September	156	10	6.4	118	43	36.4
October	128	19	14.8	135	28	20.7
November	28	3	10.7	129	23	17.8
December	79	6	7.6	142	19	13.4
Totals	1,522	151	9.9	1,382	231	16.7

Tuberculin Tested Milk.

Number of applications received during year	....	....	9
Number of visits paid to farms (pre licence)	....	....	32
Number of routine visits paid (after licences issued)	....	....	39
Number of tuberculin tested licences in force at end of 1937	....	....	13
Number of new licences issued during 1938	....	....	11
Number of licences withdrawn	....	....	1
Number of producer-retailers (included in total)	....	....	6
Number of licences in force at end of 1938	....	....	23
Number of licences suspended during 1938	....	....	Nil
Number of suspensions revoked after due compliance	....	....	Nil

The following are particulars of routine milk samples collected and examined during the year :—

Total number taken	....	....	....	113
Number found unsatisfactory	....	....	....	6
Percentage of unsatisfactory samples	....	....	....	5.3

Month.	Total.	Unsatis.	Percentage.
January	4	—	—
February	11	—	—
March	11	—	—
April	14	—	—
May	13	1	7.7
June	11	—	—
July	8	—	—
August	11	2	18.3
September	6	—	—
October	4	1	25.0
November	8	—	—
December	12	2	16.7
	113	6	5.3

TABLE XXVIII.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The following particulars relate to samples taken in the County, and Lowestoft, during the year 1938.

Nature of Sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Albon laxative tablets ...	1	—	—	—
Apple crush	1	—	—	—
Apple juice (non-alcoholic)	1	—	—	—
Apricot jam	1	—	—	—
Aspirin tablets	4	—	—	—
Baking powder	2	3	—	—
Balsam of aniseed	2	—	—	—
Barley, malt and hops ...	1	—	—	—
Beans in tomato sauce and pork sausage	—	1	—	—
“Beefex” hot-pot	1	—	—	—
Beef steak pudding	—	1	—	—
Beef suet	—	3	—	—
Bicarbonate of soda	1	—	—	—
Blanc mange... ..	—	1	—	—
Boric acid lotion	1	—	—	—
Brawn	5	—	—	—
Bun flour (ginger)	—	1	—	—
Butter	6	7	—	—
Butter beans	1	—	—	—
Cake	3	—	—	—
Cake flour	1	—	—	—
Cakeoma	—	1	—	—
Cambridge cheese	—	1	—	—
Camphorated oil	2	—	—	—
Cascara tablets	1	—	—	—
Castorets	1	—	—	—
Castor oil	2	—	—	—
Cheddar cheese	2	—	—	—
Cheese	2	3	—	—
Cheese cake mixture	—	2	—	—
Chest and Lung mixture ...	1	—	—	—
Choc-ice (coffee flavour) ...	1	—	—	—
Chocolate roll	1	—	—	—
Chop sauce	1	—	—	—
Christmas pudding	1	—	—	—
Cocoa	4	3	—	—
Cod liver oil	1	—	—	—
Coffee extract with chicory	1	1	—	—
Cookeen	3	1	—	—
Corned beef	1	1	—	—
Crayfish	1	—	—	—
Cream of tartar	1	—	—	—
Currants	1	1	—	—
Curry powder	—	1	—	—
Custard powder	2	1	—	—
Dates	1	—	—	—
Demerara sugar	3	3	—	—
Dried apricots	1	1	—	—
Dried fruit (mixed)	1	—	—	—
Dried peas	—	1	—	—
Egg substitute	1	1	—	—
Empire Honey	—	1	—	—
Epsom salts	1	—	—	—
Essence of rennet	1	—	—	—
Evaporated full-cream milk (unsweetened)	—	1	—	—

Nature of sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Fillets of mackerel ...	1	—	—	—
Flaked crab (tinned) ...	—	1	—	—
Flaked rice ...	—	2	—	—
Flaked tapioca ...	—	2	—	—
Friars balsam ...	2	—	—	—
Fruit Cake ...	—	1	—	—
Fruit cake mixture ...	—	1	—	—
Fruit sauce ...	1	—	—	—
Galantine roll (ham & chicken)	1	—	—	—
Ginger wine (non-alcoholic)	1	1	—	1
Glace cherries ...	2	1	—	—
Glauber salts ...	1	—	—	—
Glycerine ...	1	—	—	—
Golden plums ...	—	1	—	—
Gooseberry jam ...	2	—	—	—
Gorgonzola cheese ...	1	—	—	—
Grape fruit quencher ...	1	—	—	—
Gravy salt ...	—	1	—	—
Grey powder ...	1	—	—	—
Ground almonds ...	2	2	—	—
Ground rice ...	1	1	—	—
Ham & beef paste ...	—	1	—	—
Haricot beans ...	1	—	—	—
Hazlett ...	—	1	—	—
Head & stomach pills ...	1	—	—	—
Health salts ...	1	2	—	—
Horse radish... ...	—	1	—	—
Ice-cream ...	1	—	—	—
Icing sugar ...	1	—	—	—
Jellied veal ...	—	1	—	—
Jelly, pineapple ...	1	—	—	—
Lard ...	8	5	—	—
Lemonade crystals ...	1	—	—	—
Lemonade powder ...	1	—	—	—
Lemon barley cordial ...	1	—	—	—
Lemonora fruit crush ...	1	—	—	—
Liquorice powder ...	2	—	—	—
Little liver pills ...	1	—	—	—
Luncheon beef ...	1	1	—	—
Luncheon sausage ...	1	1	—	—
Malted milk (tinned) ...	—	1	—	—
Malt vinegar... ...	1	—	—	—
Margarine ...	8	4	—	—
Marzipan roll ...	1	—	—	—
Milk ...	128	9	4	32
Milk pudding mixture ...	—	1	—	—
Mincemeat ...	1	2	—	—
"Minor" fruit drink ...	1	—	—	—
Mixed fruit ...	1	2	—	—
Mixed pickles ...	1	—	—	—
Orange wine ...	1	—	—	—
Orange wine (non-alcoholic)	2	—	—	—
Pearl barley ...	1	—	—	—
Peppermint cordial ...	—	1	—	—
Piccalilli ...	—	1	—	—
Pickles mixed in mustard ...	—	1	—	—
Plum jam ...	1	—	—	—
Pork cheese ...	—	1	—	—
Pork pie ...	—	1	—	—
Pork sausage... ...	—	2	—	—
Pork sausage meat ...	1	—	—	—
Pork tongue ...	1	—	—	—
Port wine (port style) ...	1	—	—	—
Potted meat ...	1	2	1	—
Prawns ...	—	1	—	—
Prunes ...	1	—	—	—

Nature of Sample.	No. taken: County.	No. taken: Lowestoft.	No. adulterated.	No. otherwise unsatisfactory.
Raisin wine (non-alcoholic)	1	—	—	—
Raspberries (tinned) ...	1	—	—	—
Raspberry jam ...	—	1	—	—
Rice	2	—	—	—
Rice custard powder ...	1	—	—	—
Roast turkey & ham roll ...	1	—	—	—
Saffron flour	—	1	—	—
Salad dressing	—	1	—	—
Salmon & anchovy paste ...	1	—	—	—
Salmon luncheon roll ...	1	1	—	—
Sardine & tomato paste ...	—	1	—	—
Sausage paste	—	1	—	—
Sausages	8	—	—	—
Savoury crisps	1	—	—	—
Seeded raisins	2	—	—	—
Shredded beef suet ...	2	1	—	—
Slab cake	1	—	—	—
Small sild	—	1	—	—
Sponge mixture	—	1	—	—
Sponge pudding	—	1	—	—
Steak & kidney pudding (tinned)	1	—	—	—
Steam sultana pudding ...	—	1	—	—
Stoned dates... ..	—	2	—	—
Stomach & liver pills ...	1	—	—	—
Stomach powder	1	—	—	—
Strawberry jam	—	1	—	—
Suffolk cheese	—	1	—	—
Swiss roll	1	—	—	—
Syrup of figs	3	—	—	—
Table jelly	—	3	—	—
Tea	5	9	—	—
Tinned brislings	—	2	—	—
Tinned cooked peas ...	—	1	—	—
Tinned cream	2	—	—	—
Tinned green peas	3	2	—	—
Tinned green pea soup ...	—	1	—	—
Tinned luncheon beef ...	—	1	—	—
Tinned pears	1	—	—	—
Tinned pink salmon ...	—	2	—	—
Tinned prunes	1	—	—	—
Tomato sauce	1	—	—	—
Veal, ham & tongue roll ...	—	1	—	—
Vegetable soup	—	1	—	—
Vinegar	4	—	1	—
Vita cup	—	1	—	—
White pepper	1	2	—	—
Yorkshire pudding mixture	1	—	—	—
TOTALS	312	138	*6	†33

1 informal sample was taken by Lowestoft and this proved genuine on examination

* }	East Suffolk	...	6
	Lowestoft	...	0
† }	East Suffolk	...	25
	Lowestoft	...	8

List of samples containing Preservatives, Adulterated, or of doubtful quality, and Action taken. (Lowestoft samples denoted with asterisks).

Nature of sample.	Nature of preservative.	Nature of adulteration.	Sample of poor and doubtful quality.	Action taken.
Milk ...	—	10 $\frac{1}{4}$ % added water.	10% deficient in milk-fat. Solids not fat 7.63	Producer fined £12 and 10/6 costs and fined £5 for obstruct-Council's Officer.
Milk ...	—	—	10% deficient in milk-fat.	Producer cautioned.
Milk ...	—	—	15% deficient in milk-fat. 21% deficient in milk-fat. (Appeal to cow). 14% deficient in milk-fat. (Appeal to cow). 9% deficient in milk-fat. (Appeal to cow). 16% deficient in milk-fat. (Appeal to cow).	Producer cautioned.
Vinegar	—	100% artificial vinegar.	—	Vendor cautioned (Vendor protected herself by making a declaration before completion of purchase).
Milk ...	—	—	6% deficient in milk-fat.	Producer cautioned.
Milk ...	—	—	4% deficient in milk-fat.	Analyst's report received too late to take action.
Milk ...	—	—	5% deficient in milk-fat	do. do. do.
Milk ...	—	—	19% deficient in milk-fat.	Proceedings taken Case proved but dismissed under Probation of Offenders Act.
Milk ...	—	—	12% deficient in milk-fat. 32% deficient in milk-fat. (In course of delivery). 16% deficient in milk-fat. (In course of delivery). 23% deficient in milk-fat. (In course of delivery). 3% deficient in milk-fat. (Appeal to cow). 11% deficient in milk-fat. (Appeal to cow). 2% deficient in milk-fat. (Appeal to cow). 13% deficient in milk-fat. (Appeal to cow).	Producer cautioned.
Milk ...	—	—	5% deficient in milk-fat.	Producer cautioned.
Milk ...	—	—	65% deficient in milk-fat. 53% deficient in milk-fat. (Appeal to cow).	Producer cautioned.
Milk ...	—	—	4% deficient in milk-fat.	Producer cautioned.
Milk ...	—	—	7% deficient in milk-fat	Producer cautioned.

Nature of sample.	Nature of preservative.	Nature of adulteration.	Sample of poor and doubtful quality.	Action taken.
Milk ...	—	—	40% deficient in milk-fat.	Court case withdrawn owing to international crisis.
Milk ...	—	7% added water.	7.9% solids not fat.	Producer cautioned. No other action because of doubt.
Milk ...	—	12.8% added water 9¼% added water.	7.4% solids not fat. 7.7% solids not fat.	Second conviction. Defendant fined £5.
Potted meat	—	Contained 9.6% of dry farinaceous matter.	—	Proceedings taken and a conviction was recorded, but no fine was imposed.
*Milk ...	—	—	36% deficient in milk-fat. 31% deficient in milk-fat. (In course of delivery). 21% deficient in milk-fat. (In course of delivery). 41% deficient in milk-fat. (Appeal to cow). 16% deficient in milk-fat. (Appeal to cow). 31% deficient in milk-fat. (Appeal to cow). 6% deficient in milk-fat.	Case taken up with Milk Marketing board.
*Milk ...	—	—	—	Producer cautioned.
*Ginger Wine ...	Contained benzoic acid 34 parts per million in excess of amount allowed.	—	—	Warning administered.

*Lowestoft cases.

TABLE XXIX.

Year.	No. samples taken, including milks.	No. of milks.	No. food samples unsatisfactory.	No. milk samples unsatisfactory.	Percentage of unsatisfactory milks.
1934 ...	279	158	2	24	15.2
1935 ...	290	174	—	26	15.1
1936 ...	399	144	—	35	24.3
1937 ...	532	174	2	38	21.8
1938 ...	450	137	3	36	26.3

IX.

Shops Acts, 1912-36.**The Young Persons (Employment) Act, 1938.**

During the year the Young Persons (Employment) Act 1938 was added to the Statute Book. This Act with two satellite Orders is the only addition to Shops Law made during the year, and all came into force on January 1st, 1939.

This Act contains provisions regulating the employment of young persons under the age of 18 years employed in certain occupations which have hitherto been unregulated; in particular, the weekly hours of employment of persons between 16 and 18 are limited to 48 hours a week, with a provision for a certain amount of overtime, and of those under 16 to 44 hours a week.

The occupations referred to in the Act are as follows:—

- (a) employment in the collection or delivery of goods or in any carrying, loading or unloading of goods incidental to the collection or delivery thereof ;
- (b) employment in connection with a business carried on at any premises in carrying messages or running errands, being employment wholly or mainly outside the premises ;
- (c) employment at a residential hotel or club in carrying messages or running errands, or in connection with the reception of guests or members thereat ;
- (d) employment in connection with the business carried on at any premises where a newspaper is published, in carrying messages or running errands ;
- (e) employment at a place of public entertainment or amusement, or at a public swimming bath, bathing place, or turkish bath, in carrying messages or running errands, or in the reception of or attendance upon persons resorting thereto ;
- (f) employment elsewhere than in a private dwelling-house, in the operation of a hoist or lift connected with mechanical power ;
- (g) employment in, or in connection with, the operation of cinematograph apparatus ;
- (h) employment at any premises occupied for the purposes of the business of a laundry, dyeing or cleaning works or other factory, in receiving or despatching goods.

In addition to the restrictions on the number of working hours, the Act provides that a young person to whom it applies shall—

- (1) not be employed continuously for more than 5 hours without an interval of at least half an hour for a meal or rest and if the period includes the usual midday meal time then the interval shall be not less than three quarters of an hour.
- (2) not be employed after 1 p.m. on at least one week day in each week.
- (3) be allowed an interval of eleven consecutive hours each twenty-four hours, the hours to include the time between 10 p.m. and 6 a.m.
- (4) if employed on a Sunday receive a compensating days holiday either in the week previous or that after the Sunday, in addition to the usual half holiday.

The Shops (Sunday Trading Restriction) Act, 1938.

The Act, as was expected, proved to be difficult to administer, and although very lenient treatment was applied in the early months, it was found that the shopkeepers in many cases did not respond to this appreciation of their difficulties and sought any means to evade their obligations.

Applications were made to the County Council for Partial Exemption Orders under Section 2, and for Orders under Section 5, but only one Order under Section 2 was made allowing the sale, in Felixstowe until 10 a.m., on Sundays the sale of bread and flour, confectionery, and groceries and other provisions usually sold in grocers shops.

Here is a summary of the Orders which have been made from time to time by the County Council, and subject to amending Acts of Parliament remain in force.—

Orders suspending Weekly Half-Holiday. Shops Act, 1912. Section 11, in the following parishes :—

Thorpe for the months of July, August, September.

Blythburgh with Bulcamp and Hinton for the months of July, August, September.

Corton for the months of June, July, August, September.

Dunwich for the months of July, August, September.

Felixstowe ,, ,, ,, ,, ,,

Fritton ,, ,, ,, ,, ,,

Hopton ,, ,, ,, ,, ,,

Herringfleet ,, ,, ,, ,, ,,

Lound ,, ,, ,, ,, ,,

Somerleyton ,, ,, ,, ,, ,,

Walberswick ,, ,, ,, ,, ,,

Orders fixing the day for Weekly Half-Holiday. Shops Act, 1912, Section 4 (2) :—

Felixstowe, fixing Wednesday. Felixstowe and Walton Half-Holiday Order 1913.

Halesworth fixing Thursday. Halesworth Half-Holiday Order 1913.
Kessingland fixing Thursday. Kessingland Half-Holiday Order 1913.

Walberswick fixing Wednesday. Walberswick Half-Holiday Order 1912.

Wenhaston fixing Wednesday. Wenhaston with Mells Hamlet Half-Holiday Order 1913.

Closing Orders Shops Act, 1912. Section 5 :—

Felixstowe for Costumiers, Drapers and Milliners, Felixstowe Closing Order 1917.

Felixstowe for Grocers and Provision Shops, Felixstowe and Walton Closing Order 1913.

Kessingland for various trades, Kessingland Closing Order 1913.

The Felixstowe Partial Exemption Order, 1938.

Hereunder is a statement showing the number of routine inspections made and the results of the visits.

Number of shops inspected (Primary Inspection)	646
Number of shops re-inspected	568
Number of shops found on first inspection to comply with the Acts	418
Number found not to comply at first inspection	228
Notices were sent in respect of the following :—	
Where one or more specified forms not kept or exhibited (to Shopkeepers)	226
Washing facilities not provided	4
Lighting in shop insufficient	1
*Ventilation unsatisfactory	3
*Sanitary conveniences unsatisfactory	2
No half-day allowed to certain assistants	1

* These cases were referred to District Councils.

General Surveys.

<i>No. days or evenings concerned.</i>	<i>No. parishes visited.</i>	<i>No. U.D.'s visited.</i>	<i>Contraven- tions found.</i>
6 (evenings)	14	3	5
17 (days)	13	8	3
6 (Sundays)	15	6	8

9 verbal warnings were given and in 7 cases legal proceedings were taken.

Legal Proceedings.

Legal proceedings were taken in eleven cases, and the particulars are set out hereunder:—

Failing to comply with :—

1. Shops(Sunday trading Restriction Act), 1936, Section 1,....	Dismissed under Probation of Offenders Act, on payment of costs.
2. Ditto ditto	Defendant fined 5/-.
3. Ditto ditto	Defendant fined 5/-.
4. Shops (Hours of Closing) Act, 1928, Section 1	Defendant fined £1, and costs.
5. ditto Sections 1 & 2	Defendant fined 10/-.
6. ditto ditto	Defendant fined 10/-.
7. Shops Act, 1934, Section 1.	Dismissed on payment of costs.
8. Shops Act, 1912, Section 1.	Defendant fined 10/-.
9. Shops(Sunday Trading Restriction) Act, 1936, Section 2.	Defendant fined £1.
10. ditto ditto Section 1.	Defendant fined £1.
11. ditto ditto ditto	Case withdrawn by Legal Dept.

A. E. CHAPMAN,

Chief Inspector of Shops.

X.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND
OTHER DISEASES.**Isolation Hospital Accommodation.**

			<i>Beds provided, or to be provided :—</i>
<i>Lowestoft Isolation Hospital</i>	....	....	58 beds (12 cubicle).
Lowestoft M.B.			
Beccles M.B.			
Southwold M.B.			
Bungay U.D.			
Halesworth U.D.			
Lothingland R.D.			
Wainford R.D.			
Blyth R.D. (part of).			
<i>Stowmarket Isolation Hospital</i>	...	...	28 beds (12 cubicle).
Eye M.B.			
Stowmarket U.D.			
Gipping R.D.			
Hartismere R.D.			
<i>Ipswich Isolation Hospital</i>	...	...	Agreement with Ipswich County Borough for reservation of 45 beds.
Aldeburgh M.B.			
Felixstowe U.D.			
Leiston U.D.			
Saxmundham U.D.			
Woodbridge U.D.			
Blyth R.D. (part of).			
Deben R.D.			
Samford R.D.			

Smallpox Hospital Accommodation.

<i>Oulton Isolation Hospital</i>	...	...	...	Accommodation for 12 beds.
<i>Ipswich Smallpox Hospital</i>	...	...	...	4 beds reserved at a retaining fee of £75 a year.

The County Council bought the Oulton Isolation Hospital from the Lothingland R.D.C. for use as a Smallpox Hospital; the transfer took place on the 1st April, 1938, A man and his wife are employed as Caretakers. The bed linen has been taken into stock at Normanston Hospital and will be available when required. An arrangement has been come to with the Borough of Lowestoft to open the Hospital on behalf of the County Council; the accommodation is for 12 patients.

INFECTIOUS DISEASES.

Diphtheria.—Since 1935 the County has experienced a period of immunity from Diphtheria; last year 20 cases only were notified. The attack rate is .097 for 1,000 of the population; for the country it is 1.58. These are remarkable figures and the freedom of the County from the disease can be most easily perceived if it is realised that for East Suffolk there was 1 case to every 16 for England and Wales. The child population of the County rarely

comes into contact with the disease and most will be susceptible; hence, in the event of war which would bring an influx of London children into the County, we must be prepared to expect occasional outbreaks of Diphtheria.

Though the cases notified were fewer, the mortality rate was greater—10 per cent. compared with 6.25 last year.

Scarlet Fever.—The number of cases of Scarlet Fever was higher this year, 409; on one occasion only during the last 10 years has the disease been so prevalent. The mortality rate was low; 1 death only, or .24 per cent.

Enteric Fever.—7 cases only were notified and one death, giving a mortality rate of 14.3 per cent.

Puerperal Pyrexia. An average number of cases of puerperal pyrexia was notified, but again 2 deaths only; a mortality rate of 5.5 per cent. for this condition is low.

Pneumonia.—The number of cases of pneumonia notified was smaller than usual, but the deaths did not fall proportionately; the high mortality rate of 63.9 is recorded.

Encephalitis Lethargica.—4 cases were notified, a number which has not been equalled since 1928 and exceeded since 1927. As usual, the number of deaths was more than the notifications. The disease remains uncommon and the deaths will be inclined to exceed notifications owing to the difficulty of diagnosis.

Acute Poliomyelitis.—This year 5 cases of Poliomyelitis were notified, a figure well above the average, but not sufficient to justify the apprehension that was caused through the attention devoted to the disease by the Press. In 1937, 11 cases were notified; in 1932, 5 cases and in 1926, 17 cases; in those years the journalists had not become alive to the news value of poliomyelitis and, fortunately, needless anxiety was not raised in a multitude of minds. It is to be hoped that the future will allow the condition a proper perspective, for it is not in the public interest that reports on a small outbreak should be widely circulated from day to day.

A few cases occurred in a village in Deben R.D. (4 in all). A girl of 18 became ill on the 20th July, complaining of a sore throat and headache; she was seen on that day by a Practitioner, but not subsequently. Death occurred on the 22nd July and the real cause was not diagnosed. Her sister, a small girl aged 6 years, became ill on the 15th July with sore throat and headache and slight rigidity of the neck; the symptoms subsided in 4 days and the child recovered. A third sister then fell ill on the 24th July, with headache, rigidity of the neck, slight retraction and pain in the legs. 3 days later some of the reflexes were found to be absent and the child was then admitted to the Isolation Hospital.

A fourth child, in another family, in the same village was taken ill on the same day as the first case (15th July) with headache, neck rigidity and fever. The symptoms lasted 8 days and at the end of this period diminished reflexes were discovered with loss of power in one arm and leg. This child was removed to the Isolation Hospital.

The outbreak began with a case that could not be recognised without the supervision of the others, one was of a mild character with transient paralysis; one was fulminatory and the third mild. Three in which there was complete recovery and one with a fatal result. Thus there were certainly 4 cases in Deben R.D., though only 2 were notified, increasing the number for the Administrative County from 5 to 7. It is probable that the number of notifications of this disease is always well below the actual number of cases, because mild, sporadic cases cannot be diagnosed.

<i>Smallpox :</i>	...	...	...	...	Nil.
<i>Scarlet Fever :</i>					
Number of cases notified	...	...	...	409	
Number of deaths	...	...	...	1	
Attack rate per 1,000	...	...	...	1.988	
Mortality rate (per cent.)	...	...	...	.24	

Diphtheria :

Number of cases notified	...	...	...	20	
Number of deaths	...	...	...	2	
Attack rate per 1,000	...	...	...	.097	
Mortality rate (per cent.)	...	...	...	10	

Enteric Fever :

Number of cases notified	...	...	...	7	
Number of deaths	...	...	...	1	
Attack rate per 1,000	...	...	...	.034	
Mortality rate (per cent.)	...	...	...	14.3	

Puerperal Pyrexia :

Number of cases notified	.....	...	...	36	
Number of deaths	...	...	...	2	
Attack rate per 1,000	...	...	...	.175	
Mortality rate (per cent.)	...	...	...	5.5	

Pneumonia :

Number of cases notified	...	...	...	133	
Number of deaths	...	...	...	85	...
Attack rate per 1,000	...	...	...	.646	
Mortality rate (per cent.)	...	...	...	63.9	

Encephalitis Lethargica :

Number of cases notified	...	...	...	4	
Number of deaths	...	...	...	5	
Attack rate per 1,000	...	...	...	.019	
Mortality rate (per cent.)	...	...	...	125	

Poliomyelitis :

Number of cases notified	...	...	...	5	
Number of deaths	...	...	...	—
Attack rate per 1,000	...	...	...	.024	
Mortality rate (per cent.)	...	...	...	—

TABLE XXXI.
INFECTIOUS DISEASES.
Attack Rate per 1,000 living.

Disease.	Administrative County.										England and Wales, 1938.
	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.	
Small-pox	0.005	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Scarlet Fever	1.700	1.491	1.548	0.991	1.557	4.423	1.866	1.480	1.570	1.988	2.410
Diphtheria	1.014	0.996	0.755	0.460	0.263	0.521	0.676	0.299	0.156	0.097	1.580
Enteric Fever	0.075	0.075	0.015	0.043	0.076	0.019	0.576	0.039	0.083	0.034	0.030
Pneumonia	1.109	0.686	0.696	0.695	0.836	1.071	0.690	0.961	1.186	0.646	1.100
Poliomyelitis	0.005	0.000	0.005	0.024	0.009	0.014	0.000	0.014	0.053	0.024	—
Erysipelas	0.300	0.238	0.216	0.172	0.157	0.316	0.331	0.290	0.345	0.374	0.400
Encephalitis											
Lethargica ...	0.005	0.014	0.010	0.000	0.015	0.014	0.005	0.009	0.005	0.019	—

TABLE XXXII.

NOTIFIABLE DISEASES.

Infectious Diseases (Notification) Act, 1899.

DISTRICT.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Pyrexia.	Pneumonia.	Polio-myelitis.	Polio-encephalitis	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Erysipelas.	Malaria.	Smallpox.	Dysentery.	TOTAL.
URBAN :															
Aldeburgh ...	1	—	1	3	—	—	—	—	—	—	—	—	—	—	5
Beccles ...	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2
Bungay ...	4 (3)	—	—	2	5	—	—	—	—	—	1	—	—	—	12 (11)
Eye ...	6	—	—	—	—	—	—	—	—	—	1 (2)	—	—	—	7 (8)
Felixstowe ...	17 (15)	3	—	—	1	—	—	—	—	—	—	—	—	—	21 (19)
Halesworth ...	3	—	—	2	1 (—)	—	—	—	—	—	—	—	—	—	6 (5)
Leiston ...	35	—	—	—	1	—	—	—	3	3	9 (8)	—	—	—	45 (44)
Lowestoft ...	66 (64)	2	3 (2)	13 (12)	39 (37)	—	—	—	—	—	31 (29)	—	—	13	173 (165)
Saxmundham ...	1	—	—	—	1	—	—	—	—	—	1	—	—	—	3
Southwold ...	3	—	—	—	—	—	—	—	—	—	1	—	—	—	4
Stowmarket ...	35	—	—	1	—	—	—	—	—	1	2	—	—	—	39
Woodbridge ...	38	—	1 (—)	1	6	—	—	—	—	—	3	—	—	—	49 (48)
TOTAL ...	210 (205)	5	5 (3)	22 (21)	55 (52)	—	—	—	3	4	49 (47)	—	—	13	366 (353)
RURAL :															
Blyth ...	37	1	—	2 (3)	12 (11)	—	—	—	1	—	5	1	—	1	60
Deben ...	31 (29)	4	1	4	23	2	—	—	—	1	4	—	—	—	70 (68)
Gipping ...	32	1	—	1	13 (12)	—	—	—	—	3	8 (7)	—	—	—	58 (56)
Hartismere ...	24 (19)	1	3	4	11	1	—	—	—	—	6	—	—	—	50 (45)
Lothlingland ...	15 (14)	7	—	1	6 (5)	1	—	—	—	1	1	—	—	1	33 (31)
Samford ...	66 (64)	— (1)	—	1	15	1	—	1	—	1	7	—	—	5	97 (96)
Wainford ...	9	—	—	1	4	—	—	—	—	—	—	—	—	—	14
TOTAL ...	214 (204)	14 (15)	4	14 (15)	84 (81)	5	—	1	1	6	31 (30)	1	—	7	382 (370)
ADMINISTRATIVE COUNTY :	424 (409)	19 (20)	9 (7)	36	139 (133)	5	—	1	4	10	80 (77)	1	—	20	748 (723)

N.B.—Figures in brackets are those returned to the Registrar-General.

XI.

TUBERCULOSIS.

Medical Staff.*Chief Tuberculosis Officer:*

Dr. B. Wood-White.

Assistant Tuberculosis Officers:

Dr. A. G. Atkinson.

Dr. H. C. G. Pedler.

Dr. W. M. Burns.

Dr. C. M. Whiteford.

Medical Superintendent, Normanston Hospital:

Dr. M. A. MacDonald (Died 26/10/38).

Visiting Medical Officer:

Dr. N. R. W. Wynn Williams,

Nursing Staff.

Two official Health Visitors (part-time).

A varying number of District Nurses who act as Tuberculosis Visitors.

TABLE XXXIII.

*Cases Certified as having died of Tuberculosis :**Figures furnished by the Registrar-General.*

Year.	Pulmonary.	Non-Pulmonary.	Total.
1911	164	58	222
1912	165	50	215
1913	158	49	207
1914	157	51	208
1915	185	56	241
1916	183	55	238
1917	182	50	232
1918	221	61	282
1919	182	51	233
1920	145	43	188
1921	144	45	189
1922	171	53	224
1923	155	39	194
1924	163	44	207
1925	178	36	214
1926	115	29	144
1927	124	29	153
1928	131	23	154
1929	129	43	172
1930	134	26	160
1931	104	28	132
1932	112	19	131
1933	105	26	131
1934	109	25	134
1935	94	26	120
1936	92	24	116
1937	86	22	108
1938	71	7	78

TABLE XXXIV.

Notified Cases Dying of Tuberculosis.

Year.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Respiratory....	161	108	109	117	111	125	92	102	101	100	89	86	79	66
Non-Respiratory	23	18	15	5	29	19	20	15	16	15	17	19	16	4
Totals	184	126	124	122	140	144	112	117	117	115	106	105	95	70

TABLE XXXV.

Death Rates—Tuberculosis.

Year.	All Forms.		Pulmonary.		Non-Pulmonary.	
	Adminis- trative County.	England and Wales.	Adminis- trative County.	England and Wales.	Adminis- trative County.	England and Wales.
1911	1.09	1.47	.81	1.06	.28	.41
1912	1.04	1.37	.80	1.02	.24	.35
1913	1.00	1.35	.76	.99	.24	.36
1914	1.00	1.36	.76	1.02	.24	.34
1915	1.26	1.51	.97	1.14	.29	.37
1916	1.3	1.53	1.00	1.16	.30	.37
1917	1.3	1.62	1.03	1.23	.27	.39
1918	1.59	1.60	1.25	1.30	.34	.37
1919	1.21	1.28	.95	.99	.26	.28
1920	.93	1.13	.72	.87	.21	.26
1921	.92	1.12	.70	.88	.22	.24
1922	1.07	1.12	.82	.89	.25	.23
1923	.93	1.06	.74	.84	.19	.23
1924	.98	1.06	.77	.84	.21	.21
1925	1.02	1.04	.85	.83	.17	.21
1926	.69	.96	.55	.77	.14	.19
1927	.73	.97	.60	.79	.14	.18
1928	.73	.93	.62	.75	.11	.18
1929	.82	.96	.61	.79	.20	.17
1930	.76	.89	.64	.73	.12	.16
1931	.65	.89	.50	.74	.14	.15
1932	.62	.84	.54	.69	.09	.15
1933	.62	.82	.50	.69	.12	.13
1934	.64	.76	.52	.63	.12	.13
1935	.58	.72	.45	.61	.12	.11
1936	.56	.69	.44	.58	.12	.11
1937	.53	.69	.42	.58	.11	.11
1938	.38	.63	.35	.53	.03	.10

TABLE XXXVI.

Death Rates Tuberculosis (all forms).

Year.	Urban (including Lowestoft).	Lowestoft.	Urban (excluding Lowestoft).	Rural.	Adminis- trative County (excluding Lowestoft).	Adminis- trative County (including Lowestoft).
1928	.91	1.17	.63	.60	.61	.73
1929	.86	1.00	.73	.71	.77	.82
1930	.90	1.04	.75	.66	.68	.76
1931	.67	.63	.70	.63	.65	.65
1932	.81	.90	.70	.49	.55	.62
1933	.71	.80	.63	.56	.58	.62
1934	.67	.82	.52	.62	.59	.64
1935	.59	.78	.42	.56	.52	.58
1936	.65	.83	.48	.49	.49	.56
1937	.65	.59	.71	.42	.51	.53
1938	.40	.47	.35	.35	.35	.38

This year there has been a dramatic fall in the death rate from Tuberculosis and it is only matched by the fall between 1925 and 1926; though in 1937 there was a difference of .16 per 1,000 in the rate for East Suffolk and that of England and Wales to the advantage of the County, the difference is now even more distinct, being .25 per 1,000. The pulmonary rate shows a fall, that though marked, is not unusual; but the non-pulmonary rate is so low that it must be a freak figure, only 7 persons were certified as dying from this condition; 1932 with 19 persons dying from non-pulmonary tuberculosis was previously the lowest figure recorded. It is to be expected, therefore, that the rate for 1939 will perhaps be higher than the one for this year for the fall is too precipitate to be maintained; and although there may be a further reduction in the pulmonary rate, it seems certain that the non-pulmonary rate will rise and neutralise any improvement which may occur in the pulmonary.

There is, I think, no feature of the health of this country which is more encouraging than the rapid decline of Tuberculosis in which this County has its share.

The table showing the analysis of the rates between the urban and rural districts and Lowestoft, is inserted to show the effect upon the rate of the only large industrial town in the County; the Lowestoft rate, as might be expected, adversely affects the County rate, but the difference grows less as time goes on, and in the last 3-4 years the improvement in the Lowestoft rate has been most striking, for it is now little over half the rate for 1936.

Deaths from Tuberculosis.

The following table shows the number of deaths from tuberculosis, according to the Registrar-General's returns, during the last five quinquenniums :—

TABLE XXXVII.

Five-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1914-1918	928	273	1,201
1919-1923	797	231	1,028
1924-1928	711	161	872
1929-1933	584	142	726
1934-1938	452	104	556

For the last twenty years the figures are as follows :—

Ten-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1919-1928....	1,508	392	1,900
1929-1938....	1,036	246	1,282

Deaths divided into three-yearly periods :—

Three-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1930-1932...	350	73	423
1933-1935...	308	77	385
1936-1938...	249	53	302

TABLE XXXVIII.

Figures Furnished by the Registrar-General.

Districts.	Number of Cases Dying of Tuberculosis (all forms).													
	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Urban	97	68	80	82	78	81	57	72	63	62	55	60	60	38
Rural	117	76	73	72	94	79	75	59	68	72	55	56	48	40
Adminis- trative County	214	144	153	154	172	160	132	131	131	134	120	116	108	78

Owing to what I consider to be the inaccuracy of the Registrar-General's rate for persons dying from tuberculosis from certain causes I again analyse the certified cases of tuberculosis into four groups; namely:—

- (1) Those persons who actually died from Tuberculosis and who developed the disease in the County ... 67
- (2) Those persons who died from Tuberculosis and entered the County suffering from that condition 9*
- (3) Those persons not suffering from Tuberculosis and who died from other causes ... 1
- (4) Those persons who suffered from Tuberculosis, but who did not die from that condition ... 1

*Previous residence.

Gt. Yarmouth	...	...	...	...	...	2
Ipswich	...	...	...	...	...	2
West Suffolk	...	...	...	...	...	1
Kent	...	...	...	...	...	2
West Ham	...	...	...	...	...	1
London	...	...	...	...	...	1

The following is a correction of the rates for the County when the aforementioned deaths have been excluded:—

					<i>Tuberculosis, All Forms.</i>
Official County Rate	...	...	...	...	.38
Rate with immigrants excluded			...	...	.34
Rate with immigrants and deaths from other causes excluded	...	...	...	...	.33

TABLE XXXIX.

Analysis of Deaths (Notified and Unnotified), giving percentage of Unnotified Deaths.

Year.	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Deaths according to the figures of the Registrar General	172	160	132	131	131	134	120	116	108	78
Notified Deaths	140	144	112	117	117	115	106	105	5	70
Unnotified Deaths	32	16	20	14	14	19	14	11	3	8
Percentage of un-notified Deaths	19%	10%	15%	11%	11%	14%	12%	9%	12%	10%

It is common to find that about 10 per cent. of the deaths are unnotified; these are usually due to an uncertainty of diagnosis and often relate to children dying from tubercular meningitis and occasionally to an advanced case of pulmonary disease.

TABLE XL.

Deaths of Notified Cases of Tuberculosis during 1938.

Period between Notification and Death.	Respiratory.		Non-Respiratory.		Total
	Males.	Females	Males.	Females	
Notified after Death	1	—	—	—	1
Within 1 week after notification	3	—	—	1	4
Died from 1 week to 1 month	2	4	—	—	6
„ „ 1 month to 3 months	1	—	—	1	2
„ „ 3 months to 6 months	3	5	—	—	8
„ „ 6 months to 1 year	7	5	—	—	12
„ „ 1 year to 2 years	7	4	—	—	11
„ „ 2 years to 5 years	10	3	1	—	14
„ „ 5 years to 10 years	4	5	1	—	10
„ „ over 10 years	2	—	—	—	2
Totals	40	26	2	2	70

Respiratory Tuberculosis.—10 of the 66 deaths occurred before 1 month from date of notification. 24 lived over 2 years, leaving a majority of 32 dying from 1 month to 2 years. Although there is little difference between the notifications of the two sexes, it is usual for the males to bear the highest mortality.

TABLE XLI.

New Cases and Mortality during 1938.

Age Periods.	Primary Notifications and other New Cases.				Deaths from Tuberculosis.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0	—	—	1	—	—	—	1	—
1	—	—	5	4	—	—	—	1
5	1	2	9	9	2	—	—	1
10	1	—	4	11	—	—	—	—
15	6	11	6	4	3	3	—	—
20	9	8	2	2	1	4	—	—
25	16	16	1	1	9	8	—	—
35	9	5	1	3	7	5	1	—
45	8	9	2	—	6	4	1	—
55	9	6	1	1	9	4	—	—
65	5	1	1	3	5	1	1	1
Totals	64	58	33	38	42	29	4	3

The number of deaths from tuberculosis is influenced more by respiratory than non-respiratory notifications, owing to the more fatal nature of pulmonary disease.

The distribution of deaths amongst the age groups shows nothing unusual; a greater number of male deaths occur after 35 years than of female. The percentage of deaths amongst males over 35 years was 66; of females the percentage was 48.

TABLE XLII.

Examinations by Tuberculosis Officers.

Examinations during year.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.
At Tuberculosis Dispensaries	403	422	400	314	225	260	202	159	212
At Homes of Patients	1230	1200	1173	989	983	1084	916	856	965
Consultations with Doctors at Homes of Patients ...	40	28	16	25	12	22	27	20	22
Other Consultations ...	115	111	107	85	93	87	93	76	84
New Contacts examined at School	46	45	89	54	62	58	54	46	42
Totals	1834	1806	1785	1467	1375	1511	1292	1157	1325

The number of examinations by the Tuberculosis Officers exceeds those of the past three years. This is unexpected because the number of persons on the register becomes less each year and, also, during 1938 owing to the crisis the, visiting of patients was suspended temporarily; in addition, one of the Tuberculosis Officers was ill for a long period during the 12 months.

TABLE XLIII.

Working Capacity of Cases on Register on 31st December, 1938.

Capacity for Work.	Respiratory.		Non-Respiratory.		Total.
	Males.	Females.	Males.	Females.	
Full-time	57	47	73	72	249
Part-time	50	29	5	6	90
Getting about	40	46	16	19	121
Confined to bed	23	24	11	7	65
Totals	170	146	105	104	525

Respiratory Tuberculosis.—One third of the cases are working full time, rather a large proportion.

Non-Respiratory Tuberculosis.—About three-quarters of these patients are working full time.

TABLE XLIV.

Specimens of Sputum examined for Dispensary Cases, 1938.

Tubercle Bacilli found.	No Tubercle Bacilli found.	Total Examinations.
142	378	520

TABLE XLV.

Number of Patients for whom Specimens of Sputum were examined, 1938.

Result of Examination.				Old Cases.	New Cases.	Total.
Tubercle Bacilli found ....	....	....	....	107	33	140
No Tubercle Bacilli found ....	....	....	....	77	44	121
Totals ....	....	....	....	184	77	261

Specimens of Sputum examined.

This table is important; from it one obtains some indication of the number of deaths which will occur in the future. In 1936, 44 new cases had a positive sputum; in 1937, 52, which raised the chances of a higher mortality in the future; this year the number fell to 33, showing that the incidence of new open cases is following the downward trend and suggests that the death rate will continue to be low.

The total number of positive cases on the books has fallen from 157 to 140 this year.

TABLE XLVI.

Reason for Removal.	Cases examined by Tuberculosis Officer.		Cases not examined by Tuberculosis Officer.		Total.
	Respira- tory.	Non-Res- piratory.	Respira- tory.	Non-Res- piratory.	
Deaths from Tuberculo- sis	59	3	12	4	78
Deaths from Other Causes	3	0	1	—	4
Transferable Deaths	1	—	—	1	2
Disease Cured	40	95	—	—	135
Not Tuberculous	75	21	2	2	100
New Contacts not Tub.	60	2	—	—	62
Old Contacts not Tub.	12	—	—	—	12
Refused Examination	8	4	—	2	14
Removed from Area	27	10	2	4	43
Doctors' Private Pat- ients	—	—	1	1	2
Asylum Inmates	—	—	3	—	3
Totals	285	135	21	14	455

1938.

	Old Cases.	New Cases.	Total.
Probably due to house infection	80	14	94
Known family history of Tuberculosis	187	29	216

TABLE XLVIII.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):—													
(a) Definitely tuberculous ..	42	30	—	—	7	12	11	13	49	42	11	13	115
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	8	10	—	1	19
(c) Non-tuberculous	—	—	—	—	—	—	—	—	29	32	11	10	82
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous ..	1	2	—	—	—	—	1	—	1	2	1	—	4
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	1	—	—	1
(c) Non-tuberculous	—	—	—	—	—	—	—	—	3	7	26	26	62
C.—CASES written off the Dispensary Register as:—													
(a) Recovered	18	21	1	—	41	25	18	11	59	46	19	11	135
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculosis)	—	—	—	—	—	—	—	—	38	45	38	37	158
D.—NUMBER OF CASES on Dispensary Register on December 31st, 1938:—													
(a) Definitely tuberculous ..	168	142	2	4	46	59	59	45	214	201	61	49	525
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	4	8	1	1	14

1. Number of cases on Dispensary Register on 1st January, 1938	550	7. Number of consultations with medical practitioners :— (a) Personal (b) Other	24 82
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	117	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	987
3. Number of cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme, and cases "lost sight of"	49	9. Number of visits by Nurses or Health Visitors to homes for Dispensary Purposes	2003
4. Cases written off during the year as Dead (all causes)	69	10. Number of :— (a) Specimens of sputum, etc., examined (b) X-Ray examinations made in connexion with Dispensary work.	520 143
5. Number of attendances at the Dispensary (including Contacts) New Contacts examined by T.Os at School	212 42	11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above	2
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	226	12. Number of "T.B. plus" cases on Dispensary Register on 31st December	222

Institutions used by the County Council for treating patients suffering from Tuberculosis :—

Pulmonary Tuberculosis:—

Normanston Hospital, Oulton Broad (belonging to the East Suffolk County Council).

Ipswich Sanatorium, Foxhall, Ipswich.

Ipswich Isolation Hospital, Ipswich.

Maltings Farm Sanatorium, Nayland, Suffolk.

East Anglian Sanatorium, Nayland, Suffolk.

Brompton Hospital, London, S.W.3.

Non-Pulmonary Tuberculosis:—

East Suffolk and Ipswich Hospital, Ipswich.

Lowestoft and North Suffolk Hospital, Lowestoft.

Beccles and District War Memorial Hospital, Beccles.

East Anglian Sanatorium, Nayland, Suffolk.

Norfolk and Norwich Hospital, Norwich.

Lord Mayor Treloar Cripples' Hospital, Alton, Hants.

Royal National Orthopaedic Hospital, London.

St. Michael's Orthopaedic Hospital, Clacton.

Normanston Hospital, Oulton Broad (occasional cases).

Royal Sea Bathing Hospital, Margate.

Other approved Institutions are used when the occasion requires.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action was taken under these Regulations during 1938 in this County.

Public Health Act, 1925, Section 62.

Public Health Act, 1936, Section 172.

No action was taken under either of these Acts in this County during 1938.

Tuberculosis Statistics.

In the following Tables *Respiratory Tuberculosis* indicates tuberculosis of the lungs, larynx, and lymphatic glands of the thorax, and is classified :—

T.B. Minus when the sputum is negative to tubercle bacilli.

T.B. Plus when the sputum contains tubercle bacilli ; cases in this category are divided into groups 1, 2 or 3, according to the stage of the disease.

Non-Respiratory Tuberculosis indicates tuberculosis of :—

1. Bones and joints.
2. Abdomen.
3. Organs, other than respiratory.
4. Peripheral glands.

TABLE XLIX.

Cases Notified as suffering from Tuberculosis.
Primary Notifications.

Year.	Respiratory.		Non-Respiratory.		Total.
	Males.	Females.	Males.	Females.	
1919	66	90	19	15	190
1920	76	97	27	38	238
1921	99	105	51	38	293
1922	84	92	55	27	258
1923	116	105	60	55	336
1924	115	94	42	42	293
1925	121	123	72	55	371
1926	76	85	68	40	269
1927	65	79	28	41	213
1928	97	88	52	33	270
1929	92	68	55	48	263
1930	69	89	49	39	246
1931	84	89	38	45	256
1932	74	73	42	48	237
1933	88	74	38	31	231
1934	67	80	42	32	221
1935	65	60	51	45	221
1936	67	41	52	39	199
1937	63	60	27	37	187
1938	49	41	27	30	147

Hospital Treatment of Tuberculosis.

I quote the figures of expenditure for the treatment of Tuberculosis, excluding Normanston Hospital, during the last ten financial years:—

	1929/30	1930/31	1931/32	1932/33	1933/34	1934/35	1935/36	1936/37	1937/38	1938/39
	£	£	£	£	£	£	£	£	£	£
Pulmonary	2711	2532	3019	3488	3645	3678	3251	3224	3618	3793
Non-Pulmonary	2690	2676	2480	2554	2060	1709	1820	2789	2814	2292
Totals	£5401	£5208	£5499	£6042	£5705	£5387	£5071	£6013	£6432	£6085

Again this year the number of patients treated for Tuberculosis has remained almost stationary; the number is exactly the same as in 1927, although actually in the intervening period the deaths have fallen from 153 to 78. This gives the somewhat curious situation of a halving of the deaths with no reduction in the number of patients having residential treatment. There can be little doubt that in 1927 twice as many patients required treatment as in 1938, and one can only assume that they are much more willing to enter an institution to-day than 11 years ago. The position is now much more satisfactory; for the segregation of patients suffering from pulmonary tuberculosis is very useful, even for a period of their illness only, in preventing infection of other members of the community.

Artificial Pneumothorax Treatment.

The following table shows the number of patients receiving treatment by artificial pneumothorax during the last eight years :—

TABLE L.
NEW CASES.

Institution.	1931.	1932.	1933.	1934	1935	1936	1937	1938
Ipswich Sanatorium	3	7	5	8	3	5	9	11
Brompton Hospital	1	1	1	—	2	—	—	1
East Anglian Sanatorium	1	—	—	—	—	—	—	—
Preston Hall	—	1	—	—	—	—	—	—
Maltings Farm Sanatorium	—	—	—	—	1	—	—	—
East Suffolk & Ipswich Hospital	—	—	—	—	—	—	2	—
Totals	5	9	6	8	6	5	11	12

No patients completed treatment during the year.

2 patients had advanced disease and treatment ceased.

30 patients were continuing treatment at the end of the year.

During the year 6 patients entered the County requiring continuation of refills. 6 Patients left the County to continue refills elsewhere.

TABLE LI.
Cases treated as In-patients in Residential Institutions. RESPIRATORY TUBERCULOSIS. 1938.

Name of Residential Institution.	Under Treatment on the 1st January, 1938				Admitted.				Discharged.				Died.				Remaining under treatment on 31st December, 1938.			
	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.
Normanston Hospital	15	13	—	28	23	7	—	30	20	10	—	30	6	4	—	10	12	6	—	18
Ipswich Sanatorium	10	13	2	25	21	25	1	47	20	21	3	44	—	1	—	1	11	16	—	27
Ipswich Isolation Hospital	—	1	—	1	3	1	—	4	1	1	—	2	2	1	—	3	—	—	—	—
Brompton Hospital and Frimley San.	—	1	—	1	6	8	—	14	5	8	—	13	—	1	—	1	1	—	—	1
Maltings Farm Sanatorium	—	—	2	2	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—
Totals	25	28	4	57	53	41	1	95	46	40	5	91	8	7	—	15	24	22	—	46

M.=Males. F.=Females. Ch.=Children.
Transfers.

Included in the above figures are the following patients who were transferred direct from one Institution to another :—
Normanston Hospital to Ipswich Sanatorium 2 Females.
Normanston Hospital to Ipswich Isolation Hospital 1 Male.
Normanston Hospital to Brompton Hospital 2 Females.
Brompton Hospital to Normanston Hospital 1 Female.
Brompton Hospital to Ipswich Sanatorium 2 Females.
Maltings Farm Sanatorium to Ipswich Sanatorium 1 Child.

TABLE LII.

Cases treated as In-patients in Residential Institutions. NON-RESPIRATORY TUBERCULOSIS, 1938.

Name of Residential Institution.	Under Treatment on the 1st January, 1938.				Admitted.				Discharged.				Died.				Remaining under treatment on the 31st December, 1938.			
	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.
East Suffolk and Ipswich Hospital ...	2	1	3	6	6	9	9	24	5	10	11	26	—	—	—	—	3	—	1	4
Lowestoft and North Suffolk Hospital	1	—	2	3	3	4	13	20	3	4	15	22	1	—	—	1	—	—	—	—
Beccles Hospital	—	—	—	—	1	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—
Lord Mayor Treloar Cripples' Hospital	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Royal National Orthopaedic Hospital	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
St. Michael's Orthopaedic Hospital	—	—	1	1	—	2	—	2	—	2	—	2	—	—	—	—	—	—	1	1
Royal Sea Bathing Hospital ...	5	—	—	5	—	—	—	—	3	—	—	3	—	—	—	—	2	—	—	2
Norfolk and Norwich Hospital	—	—	—	—	—	1	1	2	—	1	—	1	—	—	—	—	—	—	1	1
Ipswich Sanatorium	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Ipswich Isolation Hospital ...	—	1	—	1	1	1	5	7	—	1	—	1	—	—	—	—	1	1	5	7
London Hospital	—	—	—	—	1	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—
Totals	8	2	7	17	12	17	30	59	13	18	27	58	1	—	—	1	6	1	10	17

M.=Males. F.=Females. Ch.=Children.

Transfers.

Included in the above figures are the following patients who were transferred direct from one Institution to another :—

East Suffolk and Ipswich Hospital to Orthopaedic Ward, Ipswich Isolation Hospital 5 Children.

Lowestoft and North Suffolk Hospital to East Suffolk and Ipswich Hospital 1 Child.

Lowestoft and North Suffolk Hospital to London Hospital 1 Male

TABLE LIII.

Result of Observation of Doubtfully Tuberculous cases Discharged from Residential Institutions during the Year, 1938.

Diagnosis on Discharge from Observation.	For Respiratory Tuberculosis.						For Non-Respiratory Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Tuberculous	—	1	—	1	—	—	—	1	—	—	—	—	1	2	—
Non-Tuberculous	4	1	—	—	3	—	—	1	—	—	—	—	4	5	—
Doubtful	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Totals	4	2	—	1	4	—	—	2	—	—	—	—	5	8	—

TABLE LIV.

Number of Patients receiving Residential Treatment.

Year.	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Respiratory	144	136	146	153	143	145	145	140	149	143
Non-Respiratory	69	81	63	75	67	72	57	65	67	69
Totals	213	217	209	228	210	217	202	205	216	212

TABLE LV.

Number of Cases Refusing Residential Treatment during 1938.

	Old Cases.	New Cases.	Total.
Respiratory Tuberculosis	10	13	23
Non-Respiratory Tuberculosis	2	—	2
Total	12	13	25

TABLE LVI.

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Gd. Tl.
			*Under 3 mos. but exceeding 28 days.			3—6 months.			6—12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ..	1	1	—	4	3	—	2	4	1	—	—	2	7	8	3	18
		Not quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
	Class T.B. plus. Group 1.	Quiescent ..	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
		Not quiescent ..	—	1	—	—	—	—	2	—	—	—	—	—	2	1	—	3
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group 2.	Quiescent ..	—	—	—	1	—	—	1	1	—	—	—	—	2	1	—	3
		Not quiescent ..	1	2	—	12	2	—	4	3	—	4	5	1	21	12	1	34
		Died in Institution	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
	Class T.B. plus. Group 3.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ..	1	1	—	1	1	—	—	—	—	2	2	—	4	4	—	8
		Died in Institution	1	—	—	—	5	—	1	1	—	3	—	—	5	6	—	11
	Totals (pulmonary)		5	5	—	19	11	—	11	9	1	9	7	3	44	32	4	80
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ..	—	1	—	—	1	—	—	—	—	2	1	1	2	3	1	6
		Not quiescent ..	—	—	—	—	1	—	—	—	—	1	—	—	1	1	—	2
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent ..	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	2
		Not quiescent ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ..	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent ..	1	—	2	—	—	1	—	—	—	—	—	—	1	—	3	4
		Not quiescent ..	—	1	3	—	—	1	—	—	—	—	—	—	—	1	4	5
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals (non-pulmonary)		1	3	5	—	2	3	—	—	—	4	1	1	5	6	9	21

* Note: Patients whose stay in residential institutions has not exceeded 28 days are no longer included in this table.

XII.

Venereal Diseases.**Lowestoft V.D. Clinic.**

There is an increase in the number of new cases seen at the Clinic, but it must not be assumed that there is, therefore, more venereal disease existing. There has been a steady rise in the number of new cases from Yarmouth, which merely shows that Yarmouth is becoming more aware of the facilities for treatment which are present at Lowestoft. A suggestion was made when the Clinic was established that Yarmouth people would be more inclined to use it than those of Lowestoft, the theory being that secrecy was all important, but this has not been borne out and the advantage to Lowestoft in having a clinic on the spot is evident for both towns are similar in being fishing ports and holiday resorts, so that the same proportion of infection is likely, yet the smaller town in five years has had 428 new cases and the larger 221. Despite the distance the Yarmouth patients have to travel for treatment, there is little difference in the number of attendances made compared with the number of new cases. For each new case from East Suffolk there were 37 attendances and for each new case from Yarmouth there were 25. There was a welcome fall in the number of in-patient days in hospital.

At Lowestoft there has been a sharp rise in the number of new cases of gonorrhoea, from 13 to 34; though 13 was an unusually low figure the previous year showed only 20; there is little material change at Ipswich, an addition of 4 cases only. Syphilis appears to be on the increase, 64 new cases this year compared with 43 last—an addition of 10 at Lowestoft and 11 at Ipswich. It seems, therefore, that there is an increase in the incidence of venereal disease in the County.

There has been a steady rise since 1931 in the number of new cases of syphilis; in 1938 there were nearly three times as many new cases as there were in 1931. This does not mean that the incidence of venereal disease is increasing. It is possible that more of the cases existing are now treated at the clinic.

TREATMENT OF VENEREAL DISEASES.

TABLE LVII.

Lowestoft V.D. Clinic.

Area from which patients came.	No. of New Cases.					Total No. of attendances.					Aggregate No. of In-patient days.				
	1934.	1935.	1936.	1937.	1938.	1934.	1935.	1936.	1937.	1938.	1934.	1935.	1936.	1937.	1938.
East Suffolk	65	90	96	81	96	2370	3346	2983	2738	3541	212	34	163	131	42
Gt. Yarmouth	16	29	41	56	79	330	720	1932	2099	1965	—	7	189	78	—
Norfolk	6	9	3	10	5	150	180	82	124	57	—	—	—	—	—
TOTAL	87	128	140	147	180	2850	4246	4997	4961	5563	212	41	352	209	42

TABLE LVIII.
1938.
Venereal Diseases.

Centres.	No. of East Suffolk Persons seen for the first time and found to be suffering from:—			Conditions other than Venereal.	Total.	Total No. of Attendances at the Out-patient Clinics of East Suffolk Patients.	Aggregate No. of In-patient days of East Suffolk Patients.
	Syphilis.	Soft Chancres.	Gonorrhoea.				
Lowestoft	33	—	34	24	95	3541	42
Ipswich	26	—	40	33	99	2581	372
Other Treatment Centres	—	—	3	2	5	80	—
TOTALS	64	—	77	59	200	6202	414

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The following figures relate to the number of new cases seen for the first time at the Clinics each year :—

Year.	Syphilis.	Soft Chancre.	Gonorrhoea	Total.
1927	29	4	34	67
1928	29	—	40	69
1929	39	1	44	84
1930	25	2	46	73
1931	22	2	40	64
1932	25	—	42	67
1933	36	1	44	81
1934	36	3	43	82
1935	44	—	97	141
1936	41	—	36	77
1937	43	—	51	94
1938	64	—	77	141

XIII.

TABLE LIX.

CANCER DEATH RATE.

Year.	No. of Deaths.			Death Rate per 1,000 Population.			
	Males.	Females.	Total.	Urban.	Rural.	Adminis- trative County.	England and Wales.
1918	95	138	233	1.38	1.27	1.32	1.19
1919	103	152	255	1.45	1.23	1.32	1.18
1920	116	135	251	1.14	1.34	1.25	1.16
1921	112	138	250	1.14	1.27	1.22	1.21
1922	122	150	272	1.05	1.50	1.31	1.22
1923	110	168	278	1.29	1.37	1.33	1.26
1924	109	159	268	1.28	1.27	1.27	1.29
1925	130	150	280	1.45	1.26	1.34	1.33
1926	152	168	320	1.43	1.61	1.54	1.36
1927	146	164	310	1.48	1.48	1.48	1.37
1928	133	167	300	1.54	1.35	1.43	1.42
1929	154	172	326	1.42	1.65	1.55	1.43
1930	157	182	339	1.56	1.66	1.61	1.45
1931	198	189	387	1.92	1.88	1.90	1.48
1932	151	180	331	1.60	1.57	1.58	1.51
1933	153	199	352	1.67	1.69	1.68	1.52
1934	136	185	321	1.47	1.59	1.54	1.56
1935	198	216	414	1.79	2.14	1.98	1.58
1936	161	173	334	1.60	1.62	1.61	1.62
1937	174	199	373	1.80	1.82	1.81	—
1938	192	208	400	2.07	1.84	1.94	—

More persons have died from cancer this year than last. Twice only (in 1931 and in 1935) has the number been exceeded. The death rate is higher than the rate for the country, but a comparison with the County and England and Wales is not a fair one because no adjustment is made for the ages of the respective populations, for it follows that where there is a proportionately large number of old persons in a community the death rate from Cancer will be high, the disease being one which particularly affects the old.

The deaths are distributed between males and females in a proportion of 48 and 52 per cent., and as there are more women than men in any community it is probable that the rate for men is much the same as for women. Yet, in 1923, the male death rate was only 40 per cent. of the whole.

In 1921 there were 250 deaths from Cancer; this year 400 are recorded, but these figures by themselves mean very little and it is impossible to say whether the incidence of Cancer is increasing until the Census figures of 1941 are produced and the population is divided into age groups; then a real comparison can be made between the three Census years, 1921, 1931 and 1941, and the figure of Cancer can be calculated for all the age groups of the three years; it will be known then whether Cancer is increasing or whether it only appears to be because there are more people in the older age groups and, therefore, at risk.

TABLE LX.
DEATHS FROM CANCER.

1938.

Administrative County of East Suffolk:— (Males and Females)	All Ages.	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
	—	—	—	—	—	—	—	—	—	—	—	—
	<i>Males:</i>											
Aggregate of Urban Districts ...	88	—	—	—	—	—	2	3	8	24	30	21
Aggregate of Rural Districts ...	104	—	—	—	—	2	1	3	4	15	40	39
Total ...	192	—	—	—	—	2	3	6	12	39	70	60
	<i>Females:</i>											
Aggregate of Urban Districts ...	103	—	—	—	—	—	1	3	13	30	33	23
Aggregate of Rural Districts ...	105	—	—	—	—	—	—	7	15	18	30	35
Total ...	208	—	—	—	—	—	1	10	28	48	63	58

The above table shows the distribution of deaths from Cancer in the Administrative County, and gives the number of deaths for each sex divided between the urban and rural districts as a whole.

A greater number of women than men died from Cancer up to the age of 65 years; 87 women and 62 men. Over this age 121 women and 130 men. The reason why Cancer kills women early is, I think, because Cancer of the uterus and the breast are conditions more likely to occur in the earlier age groups than the Cancer conditions from which men suffer.

XIV.

THE ECONOMIC EFFECT UPON THE COMMUNITY OF THE
FOUR PRINCIPAL CAUSES OF DEATH.

TABLE LXI.

Age Groups.	Figure of Value.	Tuberculosis.		Cancer.		Heart Disease.		Bronchitis.	
		No. of Deaths.	Dam-age.	No. of Deaths.	Dam-age.	No. of Deaths.	Dam-age.	No. of Deaths.	Dam-age.
0-1	5	1	5	—	—	—	—	1	5
1-2	6	1	6	—	—	—	—	—	—
2-5	8	—	—	—	—	—	—	—	—
5-15	11	3	33	—	—	2	22	—	—
15-25	18	11	198	2	36	3	54	—	—
25-45	25	30	750	20	500	19	475	—	—
45-65	15	24	360	127	1905	107	1605	5	75
65-75	3	8	24	133	399	211	633	8	24
75-100	0	—	—	118	—	360	—	42	—
TOTALS	—	78	1376	400	2840	702	2789	56	104

The following are the total numbers of deaths from the four diseases:—

1. Heart Disease	...	...	...	...	702
2. Cancer	...	...	...	...	400
3. Tuberculosis	...	...	...	...	78
4. Bronchitis	...	...	...	...	56

The figures below indicate the comparative damage to the community in respect of the four causes of death:—

1. Cancer	...	...	...	...	2,840
2. Heart Disease	...	...	...	...	2,789
3. Tuberculosis	...	...	...	...	1,376
4. Bronchitis	...	...	...	...	104

Heart disease maintains practically the same damage figure, but Cancer is higher and Tuberculosis has fallen again. When these figures were first included in my report for 1926 the damage figure from Cancer was slightly less than for Tuberculosis, but now it is more than double.

In 1926 there were 106 deaths from Tuberculosis under the age of 45 years, and 28 from Cancer; in my report for that year I mentioned that in a normal year the economic damage caused by Tuberculosis would be considerably greater than that resulting from Cancer; in fact, for some subsequent years it was. This gives some indication of the changes which have taken place in the relative positions of Cancer and Tuberculosis in the intervening period, but it is comforting to realise that the number of young people dying from Cancer has not increased, the most dramatic change being in the deaths of 75 years onwards; in this age group 63 persons died from Cancer in 1926 and 118 in 1938, probably owing to the fewer persons at risk in the earlier year. Actually, the total damage figure for 1926 was 2,619 and in 1938 it is 2,840.

XV.

Mental Deficiency Acts, 1913 to 1927.

The East and West Suffolk Joint Committee for the Care of the Mentally Defective are responsible for the administration of these Acts in East Suffolk, and for the maintenance of such persons in Institutions when it is found to be required and can be provided. I am indebted to the Clerk of the Committee for the figures given below.

The County Medical Officer and his Deputy, and one of the Assistant County Medical Officers are certifying Officers under the Act, but apart from this the Public Health Service has no connection with Mental Deficiency.

TABLE LXII.

Mental Defectives in East Suffolk (1/1/39).

Alleged Defectives ascertained.	1938.	1937.	1936.	1935.	1934.	1933.	1932.	1931.	1930.	1925.
Males ...	643	617	586	554	529	495	440	384	323	228
Females ...	673	650	672	672	640	604	565	545	439	281
Totals :	*1316	1267	1258	1226	1169	1099	1005	929	762	509

*This figure is made up as follows :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
<i>Dealt with by Joint Committee.</i>				
<i>In Institutions :—</i>				
Feeble-minded	49	86	135	
Imbeciles	79	51	130	
Idiots	21	10	31	
	<hr/> 149	<hr/> 147	<hr/> 296	296
<i>On leave of absence from Institutions :—</i>				
Feeble-minded	3	21	24	
Imbeciles	—	6	6	
Idiots	—	—	—	
	<hr/> 3	<hr/> 27	<hr/> 30	30
<i>Under Guardianship :—</i>				
Feeble-minded	—	6	6	
Imbeciles	3	9	12	
Idiots	2	—	2	
	<hr/> 5	<hr/> 15	<hr/> 20	20
<i>Under Statutory Supervision</i>	<hr/> 90	<hr/> 95	<hr/> 185	185

*Dealt with at instance of parent or
Suffolk Mental Welfare Association :—*

In Training Homes	4	10	14	
In Royal Eastern Counties Institution	12	14	26	
Under Voluntary Supervision	353	312	665	
	<u>369</u>	<u>336</u>	<u>705</u>	705

*Defectives in Public Assistance Insti-
tutions*

27	53	80	80
----	----	----	----

	TOTAL		<u>1316</u>
--	-------	--	-------------

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
During the year:—			
Discharged from Orders	1	—	1
Discharged to Asylums	—	—	—
Died	6	3	9

The discovery of defectives in the County becomes more complete as years go by; the figure has now reached 6.4 per 1,000 population; this does not mean that mental deficiency is increasing.

XVI.

Blind Persons Act, 1938.

In the past the County Council delegated their duties under the Blind Persons Act, 1920, to the East Suffolk County Association for the Blind; grants were paid to the Association and the Council were represented on the Committee. When the Blind Persons Act, 1938, became law the County Council decided to relieve the voluntary Association of the Council's duties; this change was made on the 1st April, 1938, and from that time the work has been administered by the Public Health Department; the Staff of the Association was transferred to the County Council. The appointment of Secretary of the East Suffolk County Blind Association was vacant when the Council took over the duties and Miss C. E. Muirhead, who had been acting temporarily and who had held a similar appointment in Hampshire, was appointed by the Council as Blind Welfare Officer; she has held this position since the 1st July, 1938; in addition, Miss Muirhead acts as Organising Secretary to the Voluntary Association, which still continues its charitable functions by collecting money and helping the blind in many ways; her Office Staff and Home Teachers also assist the Association and in return the Association makes a grant of £50 a year to the County Council.

One of the first duties of the County Council upon assuming their responsibilities under the new Act, was to prepare a scheme for domiciliary relief; this was done and the scheme came into force in July, 1938; it has, undoubtedly, proved beneficial to the blind in the area—many are now relieved who were not relieved before and others have a more substantial relief, particularly blind persons living with relations. The money spent in relief in the last two years shows how the material condition of the blind has improved. I give some figures to show the difference caused by the adoption of the scheme.

Statistics as to Domiciliary Assistance for the Unemployable Blind.

	per week.			per annum.		
Week ending 31/3/1938.	£	s.	d.	£	s.	d.
Amount of Public Assistance	16	13	6	867	0	0
Amount from the East Suffolk County Association for the Blind	5	7	4	305	0	0
TOTAL ...				1,172	0	0
Week ending 31/3/1939						
Public Health Dept. of the East Suffolk County Council				4,328	0	0

The Blind Welfare Officer considers that some blind persons have not been helped by the scheme; in fact, some are a little worse off than before. The blind persons who have not benefited fall into two groups:—

1. The blind wives of sighted husbands; they are considered by statute to be dependent upon their husbands and if relief is required the husband must apply to the Public Assistance Committee; this relief is the same as before and, hence, there is no improvement in the family's financial circumstances. If, however, the husband was dead and the widow was living alone or with relations her income under the scheme would be raised. Again, there is the anomalous position of two old married people, the husband blind

and the wife sighted, who can have relief under the new scheme and would be better off than their neighbours where the husband is sighted and the wife blind.

2. Home Workers.—In this group there were some persons adversely affected; they were originally home workers, but were only pastime employees in practice and had been placed improperly on the list of home workers on compassionate grounds. When the County Council took control it was necessary to review carefully the credentials of all home workers. At the time there were 24 persons described as Home Workers, but the investigation reduced the number by 11 to 13; those persons removed from the list lost an augmentation of wages, but considering that the total number of blind persons in the area is 409 the number of home workers affected was small.

The supervision of Home Workers had been adversely commented upon by the Ministry of Health during the regime of the County Association; methods of improving it have been considered, one being to obtain help from the Norwich Institution, but this fell through. The County Council approached the Ipswich Blind Society, but owing to the reduction in the number of Home Workers and the payment which that Society were prepared to accept, no agreement was made. It was felt that it would be better to continue the supervision of Home Workers by Home Teachers and if any Home Worker began to show signs of needing technical instruction he should be given a refresher course at an Institution. I am of the opinion that this is the most satisfactory way of meeting the situation.

Analysis of present Home Workers by Trade or profession:—

Basket makers	...	...	...	...	4
Machine knitters	...	...	...	...	2
Organist	...	...	...	...	1
Piano tuners	...	...	...	...	2
Professional pianist	...	...	...	...	1
Reversible mat maker	...	...	...	...	1
Coir mat maker	...	...	...	...	1
Shopkeeper	...	...	...	...	1
TOTAL					13

The County Council are experiencing the same difficulties as the County Association in disposing of the results of Home Workers goods. The County Association established a shop in Ipswich for the sale of these articles, but it has always been rather a matter of opinion whether the shop is worth while; it is possible that the money required to maintain the shop is not equalled by the proceeds of the sales. If the shop were closed there would be a number of unsold articles to be housed or otherwise disposed of. The continued existence of the shop is a matter which will have to be decided sooner or later.

The County Council's responsibilities are :—

1. The provision of domiciliary assistance; medical and dental treatment of necessitous blind; provision of spectacles and glass eyes; payment of fares to hospital.
2. Home teaching service.
3. Home workers scheme, including sale of handicraft.
4. Grants to Voluntary Organisations.

Staff.*Blind Welfare Officer :*

Miss C. E. Muirhead, from 1st July, 1938
(also Organising Secretary, E.S.C. Blind Association).

Home Teachers :

Miss D. R. Spooner.
Miss P. Downing.
Miss E. V. Pye.

Office Staff :

Miss V. M. Bedford, Shorthand-Typist.
Miss M. Burton, Clerk Shorthand-Typist.

Shop Assistant :

Miss K. G. Waterton.

TABLE LXIII.

EAST SUFFOLK COUNTY ASSOCIATION FOR THE BLIND.

Age Periods.

Sex.	0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	Over 70	Not known.	Total
M.	2	5	5	6	9	21	41	33	50	3	175
F.	2	5	4	6	8	20	61	48	79	1	234
Total	4	10	9	12	17	41	102	81	129	4	409

Age at which Blindness occurred.

Sex.	0-1	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	Over 70	Unknown & Gradual.
M.	29	10	8	7	11	16	25	22	24	14	9
F.	33	9	5	15	14	15	26	34	33	43	7
Total	62	19	13	22	25	31	51	56	57	57	16

Employment—Age Periods 16 and upwards.

Sex.	Employed.	Trained but unem- ployed.	Under training.	No training but trainable.	Unem- ployable.	Total.
M.	19	1	4	—	143	167
F.	5	—	1	—	222	228
Total	24	1	5	—	365	395

Occupations of Employed.

<i>Males.</i>			<i>Females.</i>		
Basket Makers	....	4	Braille Printer	....	1
Boot Repairer	....	1	Hand Knitter	....	1
Dealer	....	1	Machine Knitters	....	2
Firewood Worker	....	1	Musician	....	1
Gardener	....	1			
Mat Makers	....	4			
Organist	....	1			
Poultry Farmers	....	3			
Piano Tuners	....	3			
		—			—
		19			5
		—			—

Physically and Mentally Defective.

Sex.				Mentally Defective.	Physically Defective.	Deaf.	Total.
M.	....	....	....	14	2	8	24
F.	....	....	....	17	10	26	53
Total	....	....	....	31	12	34	77

School Age Periods (5-16).

Sex.				Normal at School.	Normal not at School.	Mentally Defective.	Physically Defective.	Total.	Total. Defectives.
M.	....	....	....	4	—	1	—	5	1
F.	....	....	....	4	—	1	—	5	1
Total	....	....	....	8	—	2	—	10	2

Sex.				Abnormal but at School.	In Sunshine Home.	Total.
M.	—	—	—
F.	—	1	1
Total	—	1	1

STATISTICS PROVIDED BY THE REGISTRAR GENERAL.
TABLE LXIX.

Causes of Death in each District during the Year 1938.

CAUSE OF DEATH.	URBAN DISTRICTS.											RURAL DISTRICTS								ADMINISTRATIVE COUNTY			
	Aldeburgh.	Beccles.	Bungay.	Eye.	Felixstowe.	Halesworth.	Leiston.	Lowestoft	Saxmundham.	Southwold.	Stowmarket.	Woodbridge.	TOTAL.	Blyth.	Deben.	Gipping.	Hartismere.	Lothingland.	Samford.	Wainford.	TOTAL.	ADMINISTRATIVE COUNTY	TOTAL.
1. Typhoid and Paratyphoid Fevers ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	1
2. Measles ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Scarlet Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1
4. Whooping Cough ..	-	-	-	-	-	-	-	5	-	-	-	-	5	-	-	-	-	1	-	1	2	7	7
5. Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	2	2
6. Influenza ..	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2	3	-	-	-	7	8	8
7. Encephalitis Lethargica ..	-	-	-	-	-	-	-	3	1	-	-	-	4	1	-	-	-	-	-	-	1	5	5
8. Cerebro-spinal Fever ..	-	-	-	1	1	-	-	-	-	-	1	-	3	-	-	1	-	-	-	-	1	4	4
9. Tuberculosis of the Respiratory System	1	2	1	-	4	-	2	20	-	-	1	3	34	8	9	6	4	5	3	2	37	71	71
10. Other Tuberculous Diseases ..	-	-	-	-	-	-	1	1	-	-	-	2	4	-	1	1	-	1	-	-	3	7	7
11. Syphilis ..	-	-	-	-	1	-	-	2	-	-	-	-	3	-	-	-	-	1	1	-	2	5	5
12. General Paralysis of the Insane, Tabes Dorsalis ..	-	1	-	-	-	-	-	2	-	-	1	-	4	-	-	-	1	-	-	-	1	5	5
13. Cancer, Malignant Disease ..	4	16	7	3	30	8	9	82	4	8	10	10	191	38	50	31	35	27	22	6	209	400	400
14. Diabetes ..	2	2	-	-	8	1	1	9	-	-	1	3	27	2	3	3	2	7	3	1	21	48	48
15. Cerebral Haemorrhage, etc. ..	2	8	6	-	13	1	1	25	1	6	5	4	72	17	28	18	30	10	11	5	119	191	191
16. Heart Disease ..	7	20	21	3	50	5	14	119	1	18	18	24	300	78	102	46	59	46	51	20	402	702	702
17. Aneurysm ..	-	-	-	-	1	-	-	2	-	-	-	-	3	-	2	1	1	1	-	-	5	8	8
18. Other Circulatory Diseases ..	-	5	1	-	6	-	1	30	1	-	2	2	48	13	22	9	6	21	7	5	83	131	131
19. Bronchitis ..	-	3	2	-	3	-	-	11	1	-	2	2	24	4	4	8	10	2	3	1	32	56	56
20. Pneumonia (all forms)	1	4	3	1	2	-	1	23	1	2	2	3	43	5	6	12	3	7	6	3	42	85	85
21. Other Respiratory Diseases ..	-	-	1	-	2	-	-	8	-	-	4	-	15	2	4	1	1	1	2	-	11	26	26
22. Peptic Ulcer ..	1	-	-	-	2	1	-	4	-	2	1	-	11	2	-	4	2	-	-	1	9	20	20
23. Diarrhoea, etc. (under 2 years) ..	-	-	-	-	-	-	-	1	-	-	1	-	2	2	1	1	-	-	1	-	5	7	7
24. Appendicitis ..	-	1	1	-	1	-	-	5	-	-	-	-	8	-	1	3	1	-	1	1	7	15	15
25. Cirrhosis of Liver ..	-	-	1	-	-	-	-	3	-	-	-	-	4	2	1	-	-	-	1	-	4	8	8
26. Other Diseases of Liver, etc. ..	-	1	-	-	2	-	2	3	-	-	1	-	9	-	5	1	-	1	1	1	9	18	18
27. Other Digestive Diseases ..	-	1	1	1	4	-	-	10	1	-	1	-	19	4	7	5	5	4	1	3	29	48	48
28. Acute and Chronic Nephritis ..	1	2	3	-	8	1	-	8	1	3	2	2	31	10	3	6	8	3	7	-	37	68	68
29. Puerperal Sepsis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	2	2
30. Other Puerperal Causes	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1	-	3	-	-	4	5	5
31. Congenital Debility, Premature Birth, Malformation, etc. ..	1	2	1	-	4	-	1	27	1	1	2	3	43	6	12	14	7	5	4	6	54	97	97
32. Senility ..	1	12	7	6	2	-	-	33	-	-	5	5	71	13	13	4	20	12	10	5	77	148	148
33. Suicide ..	-	4	2	-	1	1	-	11	-	-	-	3	22	4	3	3	2	1	3	1	17	39	39
34. Other Violence ..	-	1	-	2	10	-	1	12	-	1	2	4	33	9	12	2	3	4	6	3	39	72	72
35. Other Defined Diseases	4	1	5	6	12	2	1	48	2	2	8	4	95	18	25	18	20	17	15	8	121	216	216
36. Causes ill-defined or unknown ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	1
ALL CAUSES ..	25	86	63	23	167	20	35	508	15	43	70	75	1130	239	316	203	224	181	160	74	1397	2527	2527
SPECIAL CAUSES INCLUDED IN NO. 35 ABOVE, viz. :-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE LXV.

Causes of Death at Different Periods of Life in the Administrative County.

CAUSES OF DEATH		Sex.	AGGREGATE OF URBAN DISTRICTS.											AGGREGATE OF RURAL DISTRICTS.													
			All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	
ALL CAUSES			M.	579	36	2	7	10	21	20	18	41	94	153	177	725	38	2	2	11	19	24	25	37	84	190	293
1. Typhoid and Paratyphoid Fevers			F.	551	30	3	—	8	13	16	20	39	79	124	219	672	34	3	2	4	10	20	28	44	92	152	283
2. Measles			M.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—
			F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever			M.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—
			F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough			M.	4	2	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
			F.	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
5. Diphtheria			M.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
			F.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—
6. Influenza			M.	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
			F.	1	—	—	—	1	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—
7. Encephalitis Lethargica			M.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
			F.	4	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
8. Cerebro-spinal Fever			M.	3	—	—	1	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			F.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—
9. Tuberculosis of the Respiratory system			M.	18	—	—	—	—	3	3	3	2	6	1	—	24	—	—	2	1	6	4	4	3	4	—	—
			F.	16	—	—	—	—	4	5	2	3	2	—	13	—	—	—	—	3	3	3	1	2	1	—	—
10. Other Tuberculous Diseases			M.	2	1	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
			F.	2	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
11. Syphilis			M.	2	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
			F.	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
12. General Paralysis of the Insane, tabes dorsalis			M.	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
			F.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer, Malignant Disease			M.	88	—	—	—	—	—	1	3	8	24	30	21	104	—	—	—	2	1	3	4	15	40	39	—
			F.	103	—	—	—	—	—	1	3	13	30	33	23	105	—	—	—	—	—	7	15	18	30	35	—
14. Diabetes			M.	10	—	—	—	—	—	—	—	2	4	2	1	7	—	—	—	—	—	1	3	3	2	1	—
			F.	17	—	—	—	—	—	—	—	2	3	4	8	14	—	—	—	—	—	1	1	4	6	2	—
15. Cerebral Haemorrhage, etc.			M.	31	—	—	—	—	—	—	1	1	2	12	15	52	—	—	—	—	—	1	1	4	16	30	—
			F.	41	—	—	—	—	—	—	1	4	5	6	25	67	—	—	—	—	—	1	5	13	17	31	—
16. Heart Disease			M.	144	—	—	—	1	—	—	2	6	23	54	57	197	—	—	—	1	1	2	1	3	21	62	106
			F.	156	—	—	—	—	2	4	2	2	20	44	82	205	—	—	—	—	2	2	5	8	24	51	115
17. Aneurysm			M.	3	—	—	—	—	—	—	—	—	1	2	—	4	—	—	—	—	—	—	—	1	—	—	—
			F.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
18. Other Circulatory Diseases			M.	23	—	—	—	—	—	—	—	—	3	7	13	46	—	—	—	—	—	—	—	—	—	—	—
			F.	25	—	—	—	—	—	—	—	1	4	9	11	37	—	—	—	—	—	—	—	—	—	—	—

TABLE LXV.—continued.

Causes of Death at Different Periods of Life in the Administrative County.

[illegible]

XVIII.

Air Raid Precautions.

A short account of the Casualty Services was given in the report last year; this year so much time, thought, and effort have of necessity been devoted to this then that it is proper that greater prominence should be given to this section of the Public Health work, which indeed tends to swamp the other services. Though in 1938 this service began to take precedence over all the others, the tendency was intensified in 1939, and I do not propose to consider solely the year to which the Report refers, but to comment on some of the events of 1939 (to August) which is actually the time of writing.

The new duties given to the Public Health Department have from the beginning been difficult to carry out and became more so as circular followed circular with monotonous rapidity; the successful production of a well-trained, equipped and efficient Casualty Service is a matter which gives me continuous concern. The general desire was evinced that this new work should be done with as little extra expense as possible and this tendency deterred any application for an increase of staff; added to this was the gradualness of the extension of the responsibilities which never stopped, but which were always expected to stop. Looking back, it is clear that it would have been wiser, in order to keep abreast of the multitudinous duties, to have advised the creation of an A.R.P. Section of the staff instead of sharing the work amongst those already fully employed.

The County Sanitary Staff in particular has been withdrawn from most of the routine work of housing inspections and other duties, to organise the Ambulance Service, to establish ambulance and aid parties depots, and in many areas to produce aid posts. I cannot praise too highly Mr. Chapman's work (he was later created Ambulance Officer) and the untiring enthusiasm, energy, initiative and skill which he has displayed. His work has been invaluable and the County should be grateful to him for producing the first ambulance scheme to be approved in the Eastern Area.

It was particularly unfortunate that the Borough of Lowestoft decided not to be a Scheme Making Authority. The Borough has by far the largest concentrated population in the County and requires a considerable medical service. It is placed 45 miles away from the County Hall. What might have been simple has been, and continues to be, most difficult with the County the Scheme Making Authority for the Borough.

A County Council as a Scheme Making Authority has a far more complicated task than a County Borough which is self-contained; this is emphasized in East Suffolk with the administration placed at one end of the County.

The delegation of duties to the Officers of Borough and District Authorities, however active they may be, demands a constant watch to see that the delegated work is carried out; this in itself is more arduous than is realised. It also has the repercussions of the many criticisms (direct and otherwise) that are broadcast wholesale; the critics do not realise that the directions of the Central Authority have to be respected by the County Council and also by the Sanitary Authorities acting for the County Council. It must be remembered also that the Borough and District Medical Officers have a great volume of extra work to deal with. In the northern area a whole-time A.R.P. Officer (Major Barnard) was appointed and he has helped in the recruitment of casualty personnel.

The Casualty Services are controlled by two Departments—the Ministry of Health and the Home Office—the last being responsible for first aid training and aid parties. That there should be such a division is unnatural and, I think, unfortunate, and it would be better if all were controlled by the Ministry of Health.

These are the Casualty Services :—

Provision of Hospital Beds. This is actually the responsibility of the Hospitals Officer of the Ministry of Health. The Chief Medical Officer of the Scheme Making Authority acts as his Agent.

Provision of First Aid Posts.

Provision of Mobile Aid Posts.

Provision of First Aid Points.

Provision of Ambulance Depots and First Aid Party Depots.

Provision of Ambulances and Fitments.

Recruitment and Training of First Aid Parties.

Recruitment and Training of Personnel for First Aid Posts.

Training of Personnel for First Aid Points.

Recruitment and Training of Personnel for Mobile Aid Posts.

Equipment. The reception from the Ministry of Health of Medical stores and equipment for distribution to the Casualty Hospitals, First Aid Posts (fixed and mobile) and ambulances, and to First Aid Points; from the Home Office the medical equipment for Aid Parties and for Wardens' Posts.

Medical Personnel. This is dealt with by the Medical Emergency Committees (Central and Local) of the British Medical Association and the Group Officer for the area.

Civil Nursing Reserve. The Nursing Reserve Personnel and the training of Auxiliary Nurses is dealt with by the Central and local Committees of the Nursing profession; in practice this work has been done by the County Council staff.

This list is formidable, yet it gives no conception of the detailed and intricate work entailed. I proceed to give some particulars of each item :—

Provision of Hospital Beds.

Originally, before the advent of the Ministry of Health to A.R.P. work, the County Council was responsible to the Home Office for providing the hospital beds which the Home Office considered necessary for the area. A scheme was prepared after much consideration and detailed labour, but this for certain reasons was found to be unsuitable and a second scheme was prepared, again with a vast spending of time. At this point the Ministry of Health took over hospital provision from the Home Office and the prepared scheme was discarded; this did not mean that the County Medical Officer of Health was relieved of all responsibilities, for complicated forms had to be prepared containing details of all the Public Assistance Institutions in the area and of Normanston Hospital. The Authorities of the General Hospitals, however, prepared their own forms.

The threat of war last September then came upon us with no scheme in being, and an Emergency Scheme was immediately made by the County Medical Officer, so that a plan was ready if the worst came. A Hospitals Officer then appeared for the first time and at a later date a statement of the hospital accommodation in the area was produced by the Ministry of Health. Owing to the form in which the information about the Public Assistance

Institutions was collated, a completely erroneous picture was given of the real situation of the hospital accommodation available in the Public Assistance Institutions included in the scheme and was caused by the addition of inmate beds to the infirmary accommodation; it was impossible to prepare a decantation plan upon this information. This was a serious error indeed, for inmate beds could in no way be considered as Group II hospital beds and there were other fallacies as well.

The Hospitals Officer prepared a decantation scheme. Recently, a new Hospitals Officer was appointed and together we visited the Public Assistance Institutions and some Hospitals.

A new scheme, which is in the process of construction, is likely to provide fewer beds, but those used should be suitable.

My excuse for giving the account of so much past history is the time that has been spent in making it and the anxiety it has caused.

First Aid Posts (Fixed).

There are 12 fixed first aid posts in the County at:—

Aldeburgh	Southwold	Halesworth
Beccles	Bungay	Leiston
Lowestoft (3)	Felixstowe	Stowmarket
		Woodbridge.

The plans of Aldeburgh, Lowestoft, Southwold, Felixstowe and Woodbridge were prepared by the Surveyors of these towns and the alterations were carried through by them; the rest were dealt with by the Sanitary Officer's Department.

Details of the posts and the personnel will be found in the County A.R.P. handbook, and it would be only duplication to include them here; some of the buildings to be used for posts can be converted in two days, and the remainder would be ready in the course of two or three weeks at the latest.

Here again there was a great deal of wasted time and effort. The Home Office, imbued with the fear of gas attack, combined aid posts with stations for cleansing uninjured persons—an unnecessary complication, for if mass contamination was feared and expected, separate buildings for wounded and unwounded would have been far simpler to provide. The posts, therefore, would have been complicated structures requiring large buildings (most difficult to find) and large staffs—hard to obtain.

One building only (at Woodbridge) designed on these lines, was actually put into commission, though plans were made for many. Here a Maltings (during the tension in September) was converted into an aid post and still conforms to the now obsolete type.

The Ministry of Health then took over the aid posts and at once reduced the personnel greatly, and asked for a post of simple design for serving wounded only. This made the gargantuan task set by the Home Office a practical possibility and enabled a number of schools (which had been considered the only buildings which could satisfy the demands) to be relinquished, as later they would have had to have been in any event. New plans were made, not without some heart burnings in one or two places, but generally with much relief. The 11 remaining posts are of the simple type and can be produced at short notice though carrying out their usual functions at present.

Mobile Aid Posts.

These posts were put in the Casualty Service by the Ministry of Health. Each consists of a fitted van which will proceed to the site of a disaster and set up a post in a convenient building, if possible; if not (and weather allows) out of doors. They may have to travel long distances if required. There are five Mobile Aid Posts in the County; at:—

Beccles	Saxmundham
Felixstowe	Stowmarket
Lowestoft	

The Beccles Mobile Aid Post will serve part of Norfolk.

The other particulars concerning the Mobile Posts are to be found in the County A.R.P. Handbook.

Provision of First Aid Points.

The most suitable buildings for these are large occupied houses with a supply of hot water. A number of schools were selected at first and it was some time before these were finally dispensed with. The Medical Officers of Health for the Districts, in consultation with the A.R.P. Wardens, selected the points.

Provision of Ambulances and Cars for Sitting Cases.

The County was informed that 90 ambulances were necessary and must be found amongst the vans and lorries in the area; the vehicles had to conform to specified measurements. All the Sanitary Officers set to work visiting garages, stopping vehicles on the roads, and taking measurements; after much effort over 70 vehicles were obtained; then the Ministry of Transport issued a circular excluding certain vehicles, and instantly the fleet fell to 40 and search had to be continued; finally, 90 were found, a few by the help of the Ministry of Transport, and all are now approved by the Ministry. This work should have been done centrally; the Ministry of Transport had particulars of all the vehicles in the area and could have allotted these to the most appropriate use and saved energy, time and disappointment.

The fitments for the ambulances were made locally, according to specification, but were found to be wanting; a stretcher holding a man of moderate weight going through the runners; a cross-bar between each set of runners prevented this and made the fitments effective. The cost, however, was above that allowed by the Ministry, but the County had the advantage of an ambulance service ready to function earlier than those of most.

Cars for Sitting Cases:—There are 60 of these cars; it was much easier to find these than ambulances.

Provision of Ambulance and Aid Party Depots.

There are 25 depots for the personnel of aid parties and ambulances. The personnel of the two services are housed at each one. The ambulances are in many cases garaged at their depots, but in others at garages within a short distance; ambulances are placed at 29 stations.

No alteration has been required at the depots, other than installing a telephone. The County Sanitary Officer and his Staff, with, in some cases, the assistance of Officers of District Authorities, selected the depots; this was most convenient as the County Sanitary Officer is the Ambulance Officer for the area. Particulars of the depots will be found in the County A.R.P. Handbook.

First Aid Parties.

Sixty Parties are allotted to the County. Particulars of these will be found in the County A.R.P. Handbook.

Personnel—Aid Posts, Points, Parties and Ambulances.

The greatest problem of all is to produce a trained, efficient and practised personnel for all these services. There was a rush in the beginning to give first aid training to all who came forward, and they were legion. First Aid Classes were held all over the County, sometimes large numbers attended in remote villages; these people (many of whom were of an unsuitable age and type) received a course of first aid and so gained a smattering of knowledge; this was a waste of effort except for the few who are really keen and keep up practice and take further courses.

Those in towns became members of the Aid Post and Aid Party Personnel but in many areas it has been a matter of great difficulty to procure volunteers for this vital work.

The Ministry of Health has given a lead by appointing a paid Medical Officer to each aid post, whose duty it is to give training and exercises at regular intervals to the personnel of the post; but the Aid Parties have no appointed leader to keep them together and to arrange for their training and exercises. I am informed that it is the duty of the Local Medical Officer of Health to do this—a poor plan and likely to lead to neglect; the local Medical Officer of Health has enough to do without keeping a constant watch on the training of first aid parties. Aid parties should be under the control of a man skilled in first aid; where there is a strong unit of the British Red Cross Society or the St. John Ambulance Brigade this will be so, but in other areas the unit may be without a real leader and without skilled training.

The Casualty Services should be staffed by highly trained men and women and that in order to obtain them a small retaining salary should be paid annually; and that a trained and paid officer should be in charge of the parties at each depot. It is the aid parties who should do the actual first aid work, for it is probable that if the work of the first aid points extends much further than providing blankets and hot water bottles for the injured, more harm than good may be done.

It would probably have been more satisfactory if the provision and training of casualty personnel had been delegated altogether to the British Red Cross Society and the St. John Ambulance Brigade, and each party and aid post was a unit of one of the organisations.

Staff.

The authorised personnel of fixed First Aid Posts is:—

- 12 Medical Officers.
- 73 Male personnel.
- 279 Female personnel.
- Plus 25 per cent. reserve.

The staff of Mobile Aid posts is:—

- 5 Medical Officers.
- 90 Female personnel plus reserve.

The staff of First Aid Parties is:—

- 240 plus 50 per cent. reserve, with the addition of drivers for cars when required.

Ambulance Personnel.

Ambulance.—317 Drivers and attendants plus 25 per cent. reserve.
 Sitting Car Cases.—60 Drivers plus 25 per cent. reserve.

Equipment.

It has been the duty of the Public Health Department to receive all the medical casualty equipment from the Ministry of Health and the Home Office, to store it and to distribute it according to instructions. The Air Raid Precautions Officer, however, has been responsible for steel helmets, respirators and protective clothing.

This was a formidable task especially as there was no regular store room. The equipment from the Home Office was diverted to Plomesgate House, and from the Ministry of Health to the store of the Borough of Ipswich; when storage room was arranged at the County Hall, as the new building came into commission, the County equipment stored at Ipswich was transferred to the County Hall. According to instructions, a large proportion of the Ministry of Health equipment had to be sent to general hospitals so that it might be turned over with the hospital stock. The equipment received was for general hospitals, aid posts, aid points, wardens' posts, and it came in very gradually.

The Ipswich Hospital, the Felixstowe Cottage Hospital and the Beccles War Memorial Hospital were willing and able to co-operate. The Lowestoft and North Suffolk Hospital was willing but had insufficient store room, and negotiations were proceeding for building more when war broke out. Mr. Knight, the Chief Clerk, was responsible for receiving and checking all the equipment and for issuing it to the hospitals, and it took much of his time; the uneven way in which the stores came in made it difficult to issue. In the last few days of August when war seemed certain, most of it had to be recalled for distribution to hospitals and aid posts, and the whole Public Health staff had a very strenuous and hectic time in seeing that all the equipment received was despatched to its proper destination.

APPENDIX.

EAST SUFFOLK COUNTY COUNCIL.

NINETEENTH
ANNUAL REPORT

— OF —

NORMANSTON HOSPITAL

1938.

NORMANSTON HOSPITAL.

ANNUAL REPORT FOR THE YEAR 1938.

Resident in the Hospital on 1st January, 1938:—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	28	15	13
Other Areas	—	—	—
TOTALS	28	15	13

Admitted to the Hospital during the year 1938 :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	31	23	8
Other Areas	5	2	3
TOTALS	36	25	11

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other</i>
		<i>Male.</i>	<i>Female.</i>	<i>Areas.</i>
Walking Cases	10	8	2	—
Ambulance Cases	16	8	3	5
Admitted by Car	10	5	5	—
TOTALS	36	22	10	5

There were discharged from the Hospital (including deaths) during the year 1938 :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	42	26	14
Other Areas	—	1	1
TOTALS	42	27	15

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other</i>
		<i>Male.</i>	<i>Female.</i>	<i>Areas.</i>
Walking Cases	21	15	6	—
Ambulance Cases	11	6	4	1
Discharged by Car	—	—	—	—
Died	10	6	4	—
TOTALS	42	27	14	1

There were resident in the Hospital on the 31st December, 1938 :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	18	13	5
Other Areas	4	1	3
TOTALS	22	14	8

The average number of beds occupied throughout the year was 25.62

(a) *Of the cases who completed a course of treatment:—*

Diagnosis and stage of pulmonary disease on discharge (or death).

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>
		<i>Male.</i>	<i>Female.</i>	
Advanced, Stage 3	13	9	4	—
Intermediate, Stage 2	11	7	4	—
Early, Stage 1	8	5	3	—
Observation	—	—	—	—
Non-Pulmonary	—	—	—	—
Disease arrested	—	—	—	—
Died	10	6	4	—
TOTALS	42	27	15	—

(b) *Complications of tuberculous disease (including cases discharged or died).*

2 Tub. Laryngitis

1 Amyloid Disease.

(c) *State on Discharge.*

	<i>Total.</i>	<i>E.S.C.C.</i>		<i>Other Areas.</i>	
		<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
(1) Improved.	14	13	1	—	—
Working 4 hours daily	—	—	—	—	—
Working 3 hours daily	—	—	—	—	—
Working less than 3 hours	1	1	—	—	—
Not on work	—	—	—	—	—
(2) In Statu Quo	13	5	8	—	—
(3) Retrogressive	4	2	1	—	1
(4) Died	10	6	4	—	—
TOTALS	42	27	14	—	1

Year.	On Work.	Improved but not working.	In Statu Quo.	Retrogressive.	Died.	Total.	Discharged On work
1938	1	14	13	4	10	42	—

					<i>Admitted.</i>	<i>Discharged. (or died).</i>
Cases from Administrative County (including Lowestoft)	...	...	...	...	31	41
Cases from Other Areas	...	...	...	...	5	1
TOTALS	...	...	...	...	36	42

					<i>Admitted.</i>	<i>Discharged. (or died).</i>
Discharged Soldiers and Sailors	...	...	...	...	4	1
Civilians (Adult)	...	...	...	...	32	31
„ (Children)	...	...	...	...	Nil	Nil
TOTALS					36	32

Duration of Treatment :—

Average for patients discharged (excluding deaths) was 31 weeks 1 day.

Maximum period of treatment (excluding deaths) was 99 weeks 2 days.

Treatment Results.

Of 42 discharges 10 were by death. None was discharged with arrested disease. This is because the Sanatorium is almost entirely used for advanced cases. Fifteen were discharged improved.

During the year all the modern forms of treatment were employed. Cases needing surgical treatment have been transferred to hospitals better equipped to deal with them.

Of the cases admitted :—

<i>(a) Place of Residence before Admission.</i>	<i>Number of Patients.</i>
Beccles	5
Kessingland	1
Gt. Yarmouth	6
Oulton Broad	1
Lowestoft	13
Burgh Castle	1
Bungay	2
Worlingworth	1
Felixstowe	1
Blundeston	1
Woodbridge	2
Gorleston	1
Beddingfield	1
TOTAL	36

<i>(b) Occupation.</i>	<i>Number of Patients.</i>
Casual	1
No occupation	2
Shop Assistant	1
Labour	8
Decorator and Builder	1
Fisherman	1
Housewife	4
Cowman	2
Motor Driver	1
Factory Worker	2
Assistant Harbour Master	1
Boot Repairer	2
Insurance Agent	2
Printer	2
Domestic Servant	2
Ex-Soldier	4
TOTAL	36

Visiting Committee.

There were ten ordinary meetings during the year 1938.

Major S. W. Humphery, Chairman.

Mr. A. Jenner, Miss J. M. Mann, Mr. W. Turrell, Capt. E. Tuttle,
Mr. C. T. Brown, Mrs. R. Jacobs, resigned, Mrs. Woodrow,
elected.

Chaplain.

Hon. Chaplain, Rev. Canon Enraght died during the year, and the
Deputy Chaplain, Rev. C. W. Newman left the district.

Staff.

Staff to date:—Hon. Chaplain, Rev. Canon Whitehead; Deputy
Chaplain, Rev. L. W. Tillett.

- 1 Sister
- 2 Assistant Nurses.
- 3 Probationers.
- 1 Cook.
- 1 Kitchenmaid.
- 2 Housemaids
- 1 Wardmaid.

There were frequent domestic changes during 1938. George Dunnett,
Groundsman, died suddenly in the street when returning home from work.

Supplies.

Supplies were purchased as formerly, under contracts of a period of six
months.

Poultry and Garden Produce.

	£	s.	d.
Purchased 74 Chicks	1	18	0
Cost of food, etc.	25	16	9
Total	£27	14	9
<hr/>			
	£	s.	d.
Eggs, 4,155, value	26	0	3½
4 Hens killed value at 2s. 6d.		10	0
28 Chickens killed, weight 158½ lbs. at 1s. lb.		7	18 6
			<hr/>
		34	8 9½
		27	14 9
			<hr/>
Balance	£6	14	0½

Gifts.

County Librarian, Ipswich	...	...	Books.
Mr. Jones, Lowestoft	...	...	Magazines.
Mrs. Durrant, Oulton Broad	...	...	Magazines.
Mr. Easy, Lowestoft	...	...	Cigarettes.
Mrs. Jacobs	}	...	20/- cash.
Mrs. Cunningham			
Mrs. Spoone			
The Rev. Canon Enraght	...	...	Chocolates.
Members of St. Margaret's Church	...	...	Fruit.
Mrs. Cockrell, Oulton Broad	...	...	Jig Saw Puzzles.
County Librarian	...	...	Magazines.
Mrs. Macdonald, Oulton Broad	...	...	Wheel Chair.
Mrs. Day, Norwich	...	...	Magazines.
Mrs. Beeton, Oulton Broad	...	...	Magazines.

Fruit and Vegetables.

Potatoes. The crop for 1938 was poor owing to the dry season. 1 ton 5 cwt.

Green vegetables. Very good.

Root vegetables. Fair supply.

Flowers. Good supply.

Fruit. The apple crop was poor compared with 1937. $4\frac{1}{2}$ cwt.

			lbs.
Gooseberries	...	...	145
Raspberries	...	...	$79\frac{1}{2}$
Cherries	...	...	$36\frac{1}{2}$
Plums	...	...	10
Pears	...	...	None
Tomatoes	...	...	$84\frac{1}{2}$

Small-pox Hospital.

Produce:—

Potatoes	...	...	$20\frac{1}{2}$ cwt.
Apples	...	...	242 lbs.
Pears	...	...	$48\frac{1}{2}$ lbs.
Gooseberries	...	...	$6\frac{1}{2}$ lbs.
Plums	...	...	$38\frac{1}{2}$ lbs.

Recreation.

This was very limited owing to the ill conditions of many of the patients. Whist Drives were arranged at Christmas and greatly enjoyed.

The staff made good use of the tennis court.

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EAST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT
OF THE
**County Medical Officer
of Health.**

1938

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.